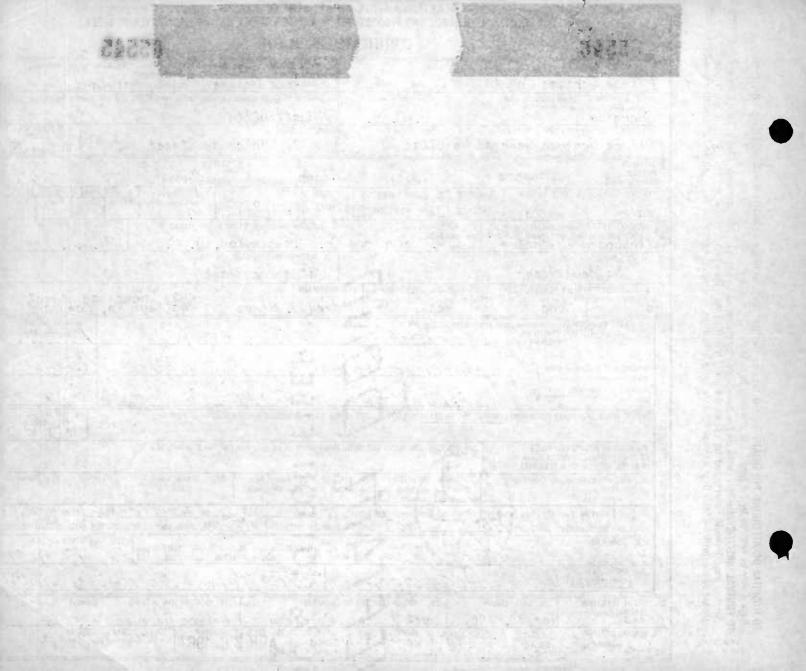
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05546 requires that the deoth certificate be executed within 24 hours ofter deoth. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH ond completely filled in by the funeral O. COUNTY rince Georges County Trance Georges County Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huattsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 4407 Juckerman Street Prince Georges General Hospital YES NO PC NAME OF Middle 4. DATE Year carbon, First Lost Month Doy DECEASED Maurice Alson 196 (Type or print) rma. DEATH ent IF LINDER 24 HRS S. SEX (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remove lost birthdoy) Months Doys Hours Nov 28. 1897 DIVORCED WIDOWED malo mhite 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, eyen if retired) COUNTRY? attending physician permit. Then please Washington D Lenhone witchboard installer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thaddens Alson Catherine Frank 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. luckerman Street 0 Buattsvil Andrey 7. Ver cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH buriol-transit IMMEDIATE CAUSE (o) 26.6X DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse the hos been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO O FUNERAL DIRECTOR: After this certificate 10 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.) Hour o.m. Not While at work ot work 21. I certify that (1) (this haspital) attended the deceased fram VOHE 1967, and that death accurred at 256M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED SIGNATURE ATTENDING PHYS. X DIRECTOR M.D. PHYS. 22d. ADDRESS director, pu NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) Fort Lincoln Cemetery rince Georges 24. FUNERAL DIRECTOR Georgia Avenue VR A15 (4) auxau 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05547 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY M3. Page ment of Prince George Maryland MARYLAND Prince Geo. delay and 3 t b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 6 Mo Forestville Forestville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d7 WFU 10DRES Marlboro kitchie kd. farm This certificate shauld be executed within 24 haurs after death. If Regency Nursing Home tate YES NO in Item 18. Give Pages STOOMS STOOMS STOOMS e, writing the ward "pending" in pencil in Item 18. Give Pag farwarded ta the Chief Medical Examiner's Office alang with NAME OF Middle 4 DATE y ear Dov OF DEATH DECEASED (Type or print) Cyrus Field Armiger April 9. AGE (In years last birthday) yrs. 6. COLOR OR RACE NEVER MARRIED 7. MARRIED DATE OF BIRTH Months White May 19, 1889 any event within 72 haurs after death WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most af working life, even if retired)

Retired INDUSTRY COUNTRY? Merchant. Maryland IISA pencil i 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John William Armiger Virginia Wayson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknawn) (If yes give war or dates of service) 577-16-7709 Roberta B. L. Plummer No Same as #20 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Hemorrhage and Shock DUE TO Conditions, if ony, which gave (b) Laceration of Wrist 15 Min rise to immediate couse (a), _= DUE TO stating the underlying couse be used crematian, ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? Medistatic Carcinoma from Carcinoma of Lung. please execute the certificate, NO T shauld be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 shauld | PRIMARY or CONTRIBUTING Cut Wrist with Knife CAUSE OF DEATH 20d. INJURY OCCURRED 20f. (City or town) 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 3/2/67.m. 10:30 PM factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page Not While at work of Regency Nursing Home Same as #2 at work 21. I certify that I took charge of the remains described-above, held an Autopsy ... Inspection , Inquiry , and in my opinian death resulted fram: Accident Natural causes Suicide Hamicide Undetermined manner the funeral directar. may be retained CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIGNATURE DEPUTY MEDICAL EXAMINER Apr 3. 1967 **EXAMINER'S** NAME (Type) John Kehoe Address (Street, city, tawn, or county) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) Buria! Washington D. C. 4/5/67 Rock Creek Cemetery | Wash 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO VR A15ME (5) ocharles Lees Sons, 300 4th St.NEWash., Do APR 1967

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4308 Suitland Road, Suitland, Maryland

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Prince Georges c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year 1967 3. IF UNDER 24 HRS. IF UNDER 1 YEAR Haurs Days 12. CITIZEN OF WHAT COUNTRY? USA Robert Lee Hatcher Leanah Richardson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknawn) (If yes give war ar dates af service) Suitland Md. William C. Arnold 4602 Chelsea Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO XX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark at wark _, 1967 , to April 3 _ , 1967 , that (1) (we) last 21. I certify that (1) (this to spits) attended the deceased fram April 3. , and that death accurred at 10:35M, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** STAFF April 4, 1967 M.D. PHYS. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Prince Georges General Hospital Edwin J. Jensen, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a. BURIAL, CREMATION BEMOVAL (Specify) 4/10/67 Alex. National Cemetery Alex. Virginia Robert E. Wilhelm FAPRISTal Home 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Milarles 1967

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TO HOSPITAL OR ATTENDING TO THE Pospital or attending Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the property of the prior to the property of the prior to VR A15 (4)

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VR A15 (4) 20 M 1/66 24. FUNERAL DIRECTOR Nalley's 2So. REC'D BY REGISTRAR Funeral Home Inc.

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2Sb. REGISTRAR'S SIGNATURE

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within 24 hours after death

and 2 death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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	PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Prince Georges					
	b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) Suitland	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	de corporote limits, write RURAL				
İ	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	Ch. A	e. IS RESIDENCE ON A FARM?			
	106 Bellgreen Street		106 Bellg	reen Street	YES NO E			
	B. NAME OF First DECEASED (Type or print) ESTHEI	Middle M	BABCHAK	4. DATE Month OF April	30 Year 19 67			
	Famala White	The state of the s	B. DATE OF BIRTH June 22, 1905	Torre Education A 1 4	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.			
	0o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (County & S	Stote, or foreign country)	12. CITIZEN OF WHAT			
	3. FATHER'S NAME Robert Whited		14. MOTHER'S MAIDEN NA Caroline D					
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of serv NO	ice) 16. SOCIAL SECURITY NO. 17. IAnd	NFORMANT lrew J. Babch	Address ak 106 Bellgr	een Street			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(o)	ONSE AND DEATH 19. WAS AUTOPSY			
I CALL DISTANCE	200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.			PERFORMED? YES NO			
1000	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, farm, ory, street, office bldg, etc.)	20f. (City or town)	(County) (Stote)			
	21. I certify that (X) (this hospital) attended the deceased fram							
	220. SIGNATURE 22b. DATE SIGNED 27							
	22c. PHYSICIAN'S NAME (Type)	DONOVAN	22d. ADDRESS	so trup to	el DE			
	23b. DATE THEREOF REMOVAL (Specify) 5-3-196	7 Cedar Hill (Cemetery	23d. 10CATION (City or Town) Suitland	Maryland			
		lhelm Funders 1 Home itland Maryland	2So. REC'D E	REGISTRAR 25b. REGIS	TRAR'S SIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 h. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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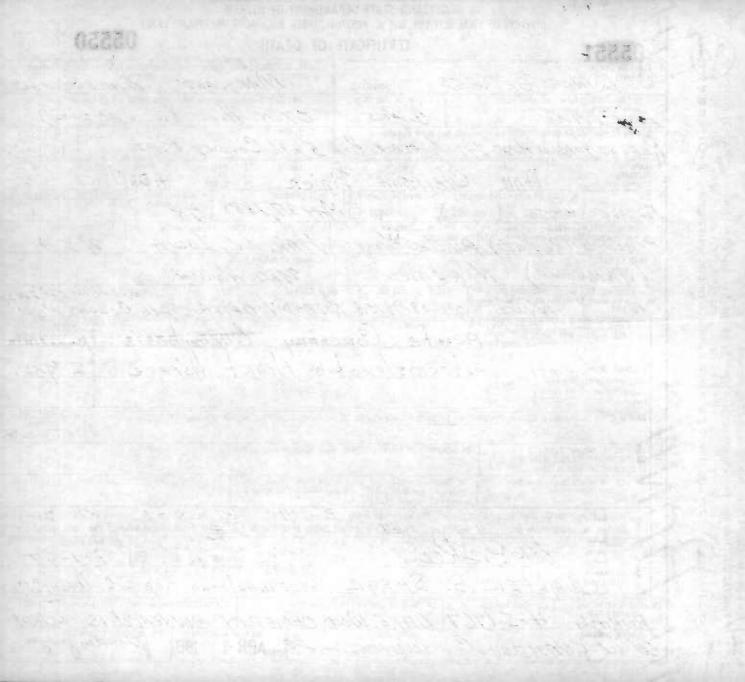
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

150	05551	CERTIFICATE	OF DEATH		09990		
0,	COUNTY PRINCE GEORG		O. STATE MAR	YLAND b. COU	RINCECTURGES		
1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		de corporote limits, write RUI	RAL and give nearest town) HDC 2 = C21) 16-1		
d	NAME OF HOSPITAL OR INSTITUTION (If not in hos EECNS NURSING HOSE- 74	pitol, give street oddress) 120 MARLBORO PIKE	d. STREET ADDRESS 5216 Co	LONY RONZ	e. IS RESIDENCE ON A FARM? YES NO		
DI	AME OF First ECEASED (The print) First PAN	CHRISTINA B	A/RR	OF DEATH A	. 4/		
S. SE	1.6	RRIED NEVER MARRIED 5	DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER YEAR IF UNDER 24 HRS. Months Doys Hours Min.		
durin	most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	LowA.	12. CITIZEN OF WHAT COUNTRY?		
13. 1	FATHER'S NAME (NKNOWN) NO	REARD	14. MOTHER'S MAIDEN NAME OF THE PROPERTY OF TH	VouN			
	WAS DECEASED EVER IN U.S. ARMED FORCES? no granknown) (If yes give wor of dates of service		CLAND V. B.		COLONY ROM		
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACG FE CORONARY Chrombosis [30]							
1 5	Conditions, if ony, which gove rise to immediate cause (a), stationing the underlying cause lost.	eterios/erot	ic HEAR	t discus	5 YRS.		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO		
ER!	2Do. ACCIDENT WAS UNDERLYING ☐ 2 OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Por	t I or Port II of item 18.)			
MEDICAL	Hour o.m.		E OF INJURY (Home, farm, ory, street, office bldg., etc.)	2Df. (City or town)	(County) (State)		
	21. I certify that (2) (this haspital) c saw the deceased alive an 4	attended the deceased fram	3 - 14, 19 death accurred at 9	67, ta 4-/ 02M, fram causes	, 19 6 7 that 🖨 (we) ius and an the date stated abave		
	220. SIGNATURE	Keer M.D	ATTENDING MI		22b. DATE SIGNED 4-/-67		
	22c. PHYSICIAN'S NAME (Type) WALFER	B. SHEER	6400 MAR	Ibono Pike	SE. WASH. D.C.		
	BURIAL, CREMATION, 23b. DATE THEREOF PEMOVAL (Specify) 4-5-/90 FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR CANADORESS	CEMETER 250. REC'D B	REGISTRAR 25b. RE	wn) (County) (Stote) POLIS MINN CISTRAR'S SIGNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fungal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages I pro-

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY o. STATE b. COUNTY P.M.3. Page Prince George's MARYLAND Maryland Prince George's delay 3 State Department b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) Cheverly Fairmont Heights DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS be farwarded to the Chief Medical Examiner's Office along with farm Prince George General Hospital "be executed within 24 haurs after death. I "pending" in pencil in Item 18. Give Pages NO X 6101 Kolb Street 3 NAME OF Middle 4 DATE Month Year DECEASED (Type or print) Samuel Thomas Bailey DEATH B. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED male pages lond 2, negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY South Cracking Laboren 13. FATHER'S NAME within 72 haurs Unknown 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or upknown) (If yes give wor or dotes of service) "pending" None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) event ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Heart failure This certificate shauld the ward DUE TO Arteriosclerotic heart disease over 4 yrs. any Conditions, if ony, which gove rise ta immediate couse (a), 2 DUE TO stoting the underlying couse 0 writing t and OS be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) removal. WAS AUTOPSY PERFORMED? the certificate, NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 3 should shauld ! crematian, or PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that I took charge of the remains described obove, held on Autopsy Inspection 🛣 Inquiry x, ond in my opinion Notural couses K | Accident deoth resulted from: funeral directar. Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health priar FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 50 REMOVAL (Specify) VR A15ME (5) 6M 1/67

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FOR STATE		05553				S CERTIFICATE (05559	/
HEALTH DEPT.	0	LACE OF DEATH COUNTY Prince Ge	eorge's		MARYLAND	o. STATE Maryla:	Where deceosed lived, if institution b. CQ	Prince (George's
fter death. If any delay Give Pages 1, 2, and 3 ang with form PM3. Path Path Path Path Path Path Path Path	Ь	city or town (if write RURAL and g	outside corporate limits give neorest town)		DOA	Mt. Ra	utside corporote limits, write k	RURAL ond give n	eorest town)
form form te Dep	d		or institution (if no eorge's Ge			d. STREET ADDRESS 3151 Q	ueens Chapel	Road	e. IS RESIDENCE ON A FARM? YES NO X
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hours often tem 18. Gi Office along and Z with	s. s	emale	6. COLOR OR RACE white	7. MARRIED X	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 3-9-23	9. AGE (In years last birthdoy)	Months D	EAR IF UNDER 24 HRS. Poys Hours Min.
24 hours in Item 18 r's Office es Ionoz	10o.	USUAL OCCUPATION (Common to the common of warking life ousewife	Give kind of work done	10b. KIND	OF BUSINESS OR STRY Home	Virginia	or foreign country)	12. CITIZE	EN OF WHAT
I within 24 n pencil in Exominer's File pages 2 hours offt		FATHER'S NAME Thomas N	Mercia			14. MOTHER'S MAIDEN Florer			
xecuted v nding" in Medical Ex permit. Fil	1S. (Yes	WAS DECEASED EVER I , no, or unknown) (II	IN U.S. ARMED FORCES? f yes give war or dotes o			Raymond H.	Barnes Sam	dress ne as #2	(husband
ld be executed within 24 hrd "pending" in pencil in 19 Chief Medical Exominer's C tronsit permit. File pages 14 event within 72 hours ofter		PART I. DEATH	TH (Enter only one cou WAS CAUSED BY: IMMEDIATE CAUSE	Dullm	(b), ond (c).) onary edem	a			INTERVAL BÉTWEEN ONSET AND DEATH
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rificate riting to orded das a das a l', ond i		stoting the underly lost.	ring couse	(c)	DEATH BUT NOT PELATED	O THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(o)		19. WAS AUTOPSY
at e e e e e e e	CERTIFICATION	20o. EXTERNAL CAUS		5-6-6			Port I or Port II of item 1B.)		PERFORMED? YES X NO
4 2 2 -		PRIMARY Tor CONT CAUSE OF DEATH.	RIBUTING	Inge	sted overd	ose of barbi	iturates	(Count	y) (Stote)
五 3 元 s 三	MEDICAL	20c. TIME OF INJURY Hour o.m.	4 21	67 While at work	Not While of work	PLACE OF INJURY (Home, for foctory, street, office bldg., etc	Mt. Rair	nier Pr	. Geo Md.
P P P P		death resulted			ins described abave,	the state of the s	e, Undetermined		and in my apiniar
Are direct to to to		ACTUAL SIGNATURE	arh	Kes	kry	76.D.	DICAL EXAMINER CAL		22. DATE SIGNED 4-22-67
Cesso cesso fun moy FUNE	230	EXAMINER'S NAME (Type) JOI BURIAL, CREMATION	hn Kehoe M	I.D., Riv	verdale, Man	yland Address (Stree	et, city, town, or county) 23d. LOCATION (City or	Town) (Co	ounty) (Stote)
10 ± 4 5 ± 5 ± 5	B	FUNERAL DIRECTOR			Ft. Lincol	n	Colmar Ma	anor P.	.G. Md.
VR A15ME (5)			asch's Sor	ns Hyat	tsville, Md	DATE A	PR 2 4 1967	Jeliane	es Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05554 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if instit o COUNTY Prince George's o. STATE b. COUNTY delay is ond 3 to 2, ond 3 to PM3. Page Prince George's Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b burial-tronsit permit. File pages lond 2 with the Stote Departme Cheverly days List Street d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be farwarded to the Chief Medical Exominer's Office along with form George's General Hospital Hvattsville YES NO X 24 hours after death. NAME OF First Middle 4. DATE Lost Month Year DECEASED Kenneth 1967 (Type or print) Barnes DEATH S. SEX AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED birthdoy) Months Hours event within 72 hours ofter death male Negro WIDOWED DIVORCED 7-11-12 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY LISUNTRY? VIRGINIA TRASH COLLECTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within LOUISE HOWARD BARNES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 4703 41st St. MRS. LOUISE BARNES UNKNOWN HYATTSVILLE SINTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute subdural hematoma, right frontal IMMEDIATE CAUSE (o) ___ This certificate shauld lobe. DUE TO in ony Conditions, if ony, which gove Laceration of right frontal lobe. rise to immediate couse (o), DUE TO stoting the underlying couse 0 and Skull fracture, right posterior fossa. be used os 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) or removol, PERFORMED? please execute the certificate, YES X NO 20g. EXTERNAL CAUSE WAS PRIMARY ★ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should MEDICAL EXAMINER: CAUSE OF DEATH fell and struck head on stone floor cremation, 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) 14710 41st Place, Hyattsville, P.G. Md. Not While may be retoined for your FUNERAL DIRECTOR: Page 6:00pmm 11-261967 ot work ot work funeral director. Page 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinian for Natural cooses Accident X death resulted fram: Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4-30-67 NAME (Type) John Kehoe M.D.. Riverdale, Md. Address (Street, city, town, or county) Health 230. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 50 REMOVAL (Specify) Prince George's County Harmony Memorial Park 5-3-67 24. FUNERAL DIRECTOR VR A15ME (5) 3015 - 12th St., N.E. 6M 1/67 John T. Rhines

50360 ROTHELLING MAART MENERAL CHARGE To the City and the Course where · War I VETTAVI . March 1- taken that Plate and the part of Lough go less suc in the gourds of the A winter to the real realization of the Lattered Transmit of the Latter BOILS - North St., Jan. 1867 B. 1887 - Error Pantill of the lot

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05555 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05554 DEHIV PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY STATE b. COUNTY P.M.3. Page 0 Prince George's Prince George's MARYLAND Maryland deloy e Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup 2 days Bladensburg Bladensburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS form 00 5215 Newton Street NO by in Item 18. Give Pages Bladensburg Motel This certificate should be executed within 24 haurs ofter death. should be farworded to the Chief Medicol Exominer's Office olong with 3. NAME OF Middle Lost 4. DATE Vegr DECEASED OF the 19 67 (Type or print) Dorothy Gail Baur DEATH S SEX 9. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost hirthday) Months Davs Hours hours after deoth WIDOWED DIVORCED 12-29-1945 White Female pages lond 2 IDo. USUAL OCCUPATION (Give kind of work done 1Dh KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? 0.5 PENN'A MONTGEMERY WARD pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME RUSSELI AUDREV TAMBLIN _ 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 5401 JOAN LAHE 'pending" (Yes, no, or unknown) (If yes give wor or dotes of service) GERALD within TEMPLE HILLS UNKHOWN NO 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-tronsit event \ PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Barbiturate intoxication writing the word in any e Conditions, if onv. which gove rise to immediate couse (a). DUE TO stating the underlying couse puo SD 19. WAS AUTOPS\ PERFORMED? removol PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) pleose execute the certificate, NO NO 2Do. EXTERNAL CAUSE WAS PRIMAR → □ or CONTRIBUTING □ 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should cremotion, or CAUSE OF DEATH. Took overdose of barbiturates. 2Dc. TIME OF INJURY Month, Dov. Year 2De PLACE OF INJURY (Home, form, (City or town) (Stote) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work & Bladensburg Motel. Bladensburg, Md. ot work 21. I certify that I took charge of the remains described above, held on Autapsv . Inspection x Inquiry x ond in my opinion the funeral director. deoth resulted fram: Natural causes Accident [/ Suicide X . Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior DEPUTY MEDICAL EXAMINER NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) (Stote) 50 MT. VERNON

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05557 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05556 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 ta Page 40 MARYLAND Marvland Prince George's Prince George's State Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. Hillside DOA Cheverly e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS form YES NO T 5286 Marlboro Pike Give Pages Prince George General Hospital be executed within 24 hours after death. g with NAME OF Middle 4. DATE Month Lost Doy Year DECEASED OF DEATH 19 (Type or print) Benjamin Bean Bernard IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED Examiner's Office alg lost birthdoy) Months Dovs Hours in Item 18. pages land 2 wi 72 hours after death. WIDOWED DIVORCED Nov. 1900 White Male 66 100_USUAL OCCUPATION (Give kind of work done duting most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT INDUSTRY-BINTER EN RACTING pencil 13-FATHER'S NAME A 14 MOTHER'S MAIDEN NAM ICHARDSON permit. File WAS DECEASED PAIR IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO the Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) within . 2_ 20 276976 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit event IMMEDIATE CAUSE (o) Heart failure writing the ward **EXAMINER:** This certificate should Arteriosclerotic heart disease yrs. any Conditions, if ony, which gove 4 shauld be farwarded ta rise to immediate couse (a). = DUE TO stoting the underlying couse 0 pup OS used WAS AUTOPSY removal PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? execute the certificate, NO Gout - over 3 years. pe Diabetes - over 1 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING JD. CAUSE OF DEATH. cremation, (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While Page 4 of work ot work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection x, Inquiry x, ond in my opinion burial deoth resulted from: / Notural couses Suicide Homicide Undetermined monner Accident the funeral directar be retained CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health 1 may NAME (Type) John Kehoe. Address (Street, city, town, or county) M.D. Riverdale, Md. 4-10-67 0 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 2Sb. VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH 201

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212
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00000			CERTIF	ICATE	OF DEATH			OFE	27
1. PLACE OF DEATH 0. COUNTY P	rince Georg	е	MAR	YLAND	2. USUAL RESIDENCE (V	Where deceosed yland	d lived, if institution b. COUNT	on: Residente be	or odmission) e George
Riverda	(If outside corporate limit and give nearest town)		3 days	IN 16	College F	rtside corporote Park	limits, write RUR	AL ond give neor	rest town)
	PITAL OR INSTITUTION (If no Leland Mem				d. STREET ADDRESS 4706 Tect	umseh	Street		e. IS RESIDENCE ON A FARM? YES NO 🖎
3. NAME OF DECEASED (Type or print)	Ellen	rst	Ida M.		ehrens	4. DATE OF DEATH	April	28	19
s. sex Female	6. COLOR OR RACE White	WIDOWED	NEVER MARRIED DIVORCED		Aug. 11, 19	912	AGE (In yeors birthday) 4 Yrs.	Months Doys	
drigoust ewil	ON (Give kind of work done gite, even if retired)		nd of Business or Win Home		11. BIRTHPLACE (County Washingt			12. CITIZEN COUNTR'	S. A.
	C. Millard				14. MOTHER'S MAIDEN Della Edn		eman		
1S. WAS DECEASED E (Yes, no, or unknown 110	VER IN U.S. ARMED FORCES? (If yes give wor or dates o	of service) 16. 5 2 1	SOCIAL SECURITY NO. 2 05 0560		NFORMANT Llter G. Be	hrens	Same a		usband)
PART I. DI	DEATH (Enter only one country on the country of the	(o) Car	(o), (b), ond (c).)	y &	rest o	- Me elv	legles		NTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN	IN PART 1(o)		9. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTIN	/AS UNDERLYING □ IG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCURRED. (Enter noture of injury in	Port I or Port I	Il of item 18.)	40	
20c. TIME OF IN	NJURY Month, Doy, Yeor o.m. p.m. 19	20d. IN While of work	JURY OCCURRED Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(County)	(Stote)
saw the	tify that (I) (this hos deceased alive an		17 / 1		death occurred at	SAM,	frapi causes a		that (I) (we) las ote stoted abave
220. SIGNATUR	all I	Ten	ne	M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG 4/28	/67
22c. PHYSÍCIAN NAME (Typ		tienne	, M. D.		47 13 Ber				k, Md.
230. BURIAL, CREMA BEMOVALISPEC			George 23c. NAME OF CEMI		hington	Hyat	ATION (City or Tow	P.G.	"
Franci	s Gasch's S	ons H	ADDRESS yattsville	, Md		BY REGISTRAL	967 25b. ALC	SISTRAR'S SIGNAT	Judge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death VR A15 (4) 25M 1/67

Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #7 Film #G387 4/16/67 pc MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR 05553 HEALTH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: nce before admission) a. COUNTY o. STATE b. COUNTY Page delay is and 3 to 40 Prince George's MARYLAND Maryland Prince George's State-Department b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. JENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and Cheverly I DOA d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Deanwood Park IS RESIDENCE ON A FARM? d. STREET ADDRESS Office along with farm NO DE in Item 18. Give Pages 1325 Eastern Avenue Prince George General Hospital 24 haurs after death. NAME OF Middle lost 4 DATE Year Day OF DEATH DECEASED (Type ar print) Luella Belford and 2 with SEX B. DATE OF BIRTH IF LINDER IF LINDER 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years last birthday) nown Manths Haurs WIDOWED 72 haurs after death. Female 6 Oct. 1910 White 56 10o, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY pages 10 Virginia the Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Alvernie Whitlock Marion Belford _= 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service 16. SOCIAL SECURITY NO 17 INFORMANT Address permit. I Mamie Sargent. Bunker Hill. within INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY any event IMMEDIATE CAUSE (a) Heart failure writing the ward This certificate shauld DUE TO Arteriosclerotic heart disease unknown Conditions, if ony, which gove rise to immediate couse (o). to __ DUE TO stoting the underlying couse 0 farwarded and last. be used 19. WAS AUTOPSY PERFORMED? ar remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X please execute the certificate, pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 shauld shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. crematian, 20e. PLACE OF INJURY (Home, farm 20d INDIRY OCCURRED (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Haur o.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page Page at wark at work Inspection K. Inquiry X, 21. I certify that I took charge of the remains described above, held an Autopsy ... and in my opinian Notwal couses X Undetermined monner death resulted from: Suicide funeral director. Accident Homicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health priar O DEPUTY DEPUTY MEDICAL EXAMINER X 4-1-67 **EXAMINER'S** may NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, tawn, ar caunty) the 23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 230. BURIAL, CREMATION 23b. DATE THEREOF Gore, Frederick, County irginia 0 4-9-67 ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A 15ME (5) Hagerstowm, Md Charley 6M 1/67

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FOR STATE DEPT. HEALTH TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is and 3 to PM3. Poge

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the State Department of Health prior to burial, crematian, or remaval, and in any event within 72 hours after death. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		PLACE OF DEATH		Where deceosed lived, if instituti	
	0	n. COUNTY Prince George's MARYLAND	o. STATE	b. COUN	
	6	o. CITY OR TOWN (If outside carparate limits, C. LENGTH OF STAY IN 1b	Maryland c. CITY OR TOWN (If o	utside carparate limits, write RUR	AL and give nearest town)
		write RURAL and give nearest tawn) Cheverly			1/2/
		Cheverly DOA I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
7	"	I HAME OF HOST HAZ OK HISTHOTION (II HOT III HISSPING, GIVE SHEEL OGGLESS)	U. SIKEEL ADDRESS		ON A FARM?
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	3. N	NAME OF First Middle	Lost	4. DATE Month	n Doy Year
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	S. S		8. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
	١,	MIDOMED DIVORCED D	20 1 103	la birthday)	Manths Days Hours Min.
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	durin	ng mest of working life, even if retired) INDUSTRY	. 111.	11	COUNTRY?
	10	MANAGER GAS STATION	WEST V	IRGINIA	U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
		IHOMAS BEVERLIN	VICTO	ORIA DO	NNELL
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT	1014 State	SS Ca Assa
	(III	s, na, or unknawn) (If yes give war ar dates of service)	egu Anlam	C TT 12173	uss my ems
	1	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	11 114011	s Indian	INTERVAL BETWEEN
	4	PART I DEATH WAS CALISED BY.	, . , h	1	ONSET AND DEATH
		9/60 IMMEDIATE CAUSE (a) Intoxication (car	bon monoxide	1	
		Conditions, if any, which gove) DUE TO And asphyxiation (b) The property of the lattice of th			
/		rise to immediate cause (a)	smoke.		
		stoting the underlying couse DUE 10			
		last. (c)			
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
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	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMAR™ or CONTRIBUTING □	. (Enter noture of injury in	Part I ar Part II of item 18.)	
i	CER.				
	Z -	CAUSE OF DEATH. Thaled smoke whi 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL	Le asteep du	iring fire in h	County (State)
,	MEDICAL	Haur a.m. While Nat While fa	ctory, street, affice bldg., etc	.)	(Sidie)
0	-		ome	Same as #2	
		21. I certify that I taak charge of the remains described above, h	neld an Autapsy 🗶 🙏	Inspection 🗶 , Inqu	iry 🛣, and in my opinion
		death resulted from: Natural causes , Accident X, Su	icide, Homicide	Undetermined me	anner 🗌
		A // K	CHIEF MEDICAL	L EXAMINER	
		ACTUAL SIGNATURE SERVING SUPPLY	M.D. ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNED
		EXAMINER'S TO THE TOTAL AND THE STATE OF THE	DEPUTY MEDIC	AL EXAMINER 🛣	1 71 / 7
1		EXAMINER'S John Kehoe, M.D. Riverdale, Md.	Address (Stree	et, city, town, ar caunty)	4-14-67
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 29 NAME OF CEMETERY OF	RCREMATORY	23d. LOCATION (City or Tav	vn) (County) (State)
)			Methodisto	ion 11 398	the Chac Mi
	24	FEMERAL DIRECTOR 11 ADDRESS .		D BY REGISTRAR _ 255, PE	SJRAR'S ALGNATURE
	7	Mo Hunt thungal Home Walde	MY KLE API	2 0 1967	cares Judge
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MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY hours after the b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town by remove carbon papers. Pag in any event, within 72 hours .= filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO executed within and completely NAME OF 3. Middle Last DATE Month Day OECEASEO OF DEATH (Type or print) 19601 SEX AGE (in years | IF UNDER 1 YEAR | Months | Days 6. COLOR OR RACE DATE OF BIRTH WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR INOUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease certificate be during most of working life, even if retired) COUNTRY? and FATHER'S NAME removal. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT Ifter this certificate has been signed by the atten be detached for use as the burial-transit permit. State Dept. of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) death SAME NO INTERVAL BETWEEN 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. **OUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH YES T NO D 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER) CAUSE OF DEATH (IF EITHER, NOTHER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20e. PLACE OF INJURY (Home, farm, factory, street office bidg., etc.) MEDICAL 20f. (City or town Month, Day, Year 20d. INJURY OCCURRED (County) (State) Hour TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State at work OR ATTENDIN 21. I certify that (I) (this hospital) attended the deceased from PRIN 7 19 6 2 and that death occurred at 2000, from the causes and on the date stated above. saw the deceased alive on... DATE SIGNED 22a. SIGNATURE 22b. director, page should be filed ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 12-1967 Cedar Hill Cemetery Suitland. Md. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE immons VR A15 (4) 1661-Good Hope Rd., SE Wash DC Bros. 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY PRINCE a. STATE b. COUNTY GEORGE"S after D Pages hours aft MARYI ANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 hours 26 Days ANDRE WS

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) BOLLING AIR FORCE BASE d. STREET ADDRESS e. IS RESIDENCE etedy filled Within 72 ON A FARM? USAF HOSPITAL ANDREWS OTRS 65 YES NO X within completely ove carbon 3. NAME OF First Middle Last 4. DATE Month Oay Year DECEASED event. (Type or print) DEATH APRII PERCY P BISHOP 19 67 executed and cor SEX 6. COLOR OR RACE OATE OF BIRTH AGE (in years | IF UNOER 1 YEAR) IF UNDER 24 HRS. 7. MARRIEO NEVER MARRIED last birthday) in any Months I Oavs Hours CAU MALE WIDOWED MAY 1877 OIVORCEO [89 Yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR physician n please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? pe during most of working life, even If retired) INDUSTRY .S. ARMY U.S.A. TENNESSEE(CONTY OFFICER UNK certificate 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME attending ph remova JOHN McELROY BISHOP MARGARET WOOD 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 transit permit. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) GEN DONNELLY Son in law, same as YES RET 1941 004-46-08=44 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the burial-transit burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSEO BY:
IMMEDIATE CAUSE (a). ACUTE MYOCARDIAL INFARCT been signed I the burial-trai **OUE TO** 3 Weeks Conditions, if any, which PNEUMONIA gave rise to immediate the r DUE TO CHRONIC DIABILITATION (a), stating the prior underlying cause last. 38 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate NO X YES 5 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part 1 or Part it of Item 18.) this certificated for the detached for the detached for the detection of the detached for t OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) det be de State factory, street, office bidg., etc.) Hour a.m. While Not While After ATTENDING p.m. at work at work p 19 67 to 8 APR 21. I certify that (X (this hospital) attended the deceased from 13MAR 19 57, that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at 114 M. from the causes and on the date stated above. 19 67 saw the deceased alive on 8 22a. SIGNATURE 22b. DATE SIGNEO **6** 8 To FUNERAL DIRE director, page 3 should be filed v ATTENDING DIRECTOR M.O. PHYS. HOSPITAL PHYSICIAN'S 22d. ADDRESS WASH 33 22c. NAME (Type) ALTMAN, CAPT, USAF, MC S ANDREWS ANDREW USAF HOSPITAL 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) FUNERAL DIRECTOR REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05563 requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside carparate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural) Washington, D. C. 1 mo. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? remove carban pape Glenn Dale Hospital 1435 Shepherd St., N.W. NO XX YES -NAME OF First Middle Lost 4. DATE Month Doy Year campletely DECEASED 12 1967 L. Blalock Cora (Type or print) DEATH SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 7 MARRIED Months birthdoy) Days Hours and in any WIDOWED TO DIVORCED 12/12/1878 Female Negro gud 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician (INDUSTRY COUNTRY? retired unknown Miss. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, attending p Albert Gardner Sarah Gardner IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Decedent 428-03-4345 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (0) Pulmonary tuberculosis month **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gave (b) rise to immediate couse (o), DUE TO stating the underlying couse the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)

Diabetes mellitus; generalized arteriosclerosis; old cerebrovascular
accident. OS has 19. WAS AUTOPSY PERFORMED? NO X certificate 0 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dc. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) FUNERAL DIRECTOR: After this Not While Hour o.m. foctory, street, office bldg., etc.) of work 3/10/1967 to 4/12/ 1967 that \$\(\text{th}\) (we) last 21. I certify that the (this hospital) ottended the deceased from 19 67, and that death accurred at7:30PM, fram causes and on the date stated above. saw the deceased alive on 4/12/ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 4/12/67 K MD. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Moe Weiss, M. D. Glenn Dale Hospital NAME (Type) Glenn Dale, Md. 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) INCOXA DUITLAND 9 ADDRESS 24. FUNERAL DIRECTO 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05564 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Montgomeru Prince Georges MARYLAND b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) DOA Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i 309 Lexinaton Drive Prince Georges General Hospital YES NO K 3. NAME OF 4. DATE Middle Lost Month Day Year DECEASED 1967 (Type or print) DEATH Apri IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED B. DATE OF BIRTH birthday) Manths Days Haurs May 27, 1907 WIDOWED DIVORCED any puo 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Iller Co. pleose during most of working life, even if retired) COUNTRY? ng physician (Then pleose Scotland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol Thomas Blanche Elizabeth Neilson 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Lexington Drive Yes, na ar unknawn) (If yes give war ar dates of service) 14-03-8576 Helen Blanche cremation, 1B. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) signed by the burial-tronsit burial, cremati PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physicion. DUF TO Canditians, if ony, which gave rise to immediate cause (o). DUE TO stating the underlying cause has been the prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? Health NO YES TO FUNERAL DIRECTOR: After this certificate by the hospitol or for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18.) ᇴ detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home_farm, (City ar town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While at wark at wark 2). I certify that (1) (this hospital) attended the deceased fram M, fram causes and an the date stated above , and that death occurred at saw the decoased alive 226 SIGNATURE 22b. DAL SIGNED DIRECTOR 22074 , poge 3 be filed 22d. ADDRESS 22c. PHÝSU 030 Carroll NAME FOREWAY director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify) Fort Lincoln Cemetery 196 Prince Georges Co 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 34 Georgia Avenue DATE

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State Department of

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Pages. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 unterthe Health prior to burial, cremotion, ar removal, and in ony event within 72 hours ofter de 5 may be retained for your files.

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

This certificate should be executed within 24 haurs after death. If

O DEPUTY MEDICAL EXAMINER:

necessory,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

U5566	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	05565		
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution			
o. COUNTY Prince George	1 s MARYLAND	d. STATE Maryland Prince	e George's		
b. CITY OR TOWN (If autside carparate limit write RURAL and give nearest tawn)		c. CITY OR TOWN (If autside carparate limits, write RURA			
Cheverly	lhr. 13 min.	Laurel	16.1		
d. NAME OF HOSPITAL OR INSTITUTION (If no		d. STREET ADDRESS	e IS RESIDENCE ON A FARM?		
Prince George Gener	ral Hospital	939 Parkhill Ave.	YES NO		
	rst Middle	Last 4. DATE Month	Doy Year		
(Type or print) Robe		ankenship DEATH 4	30 19 67		
6. COLOR OR RACE	w	8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Haurs Min.		
Male White	WIDOWED DIVORCED	12-12-1943 23 yis.			
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	ler Heme Improvement		COUNTRY?		
13. FATHER'S NAME FRANCIS BLANKENS	HIP	14. MOTHER'S MAIDEN NAME LAURA C. RIDER			
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMAT Washington St., Savag			
(Yes, na. or unknawn) (If yes give war ar dates o	of service) 219-40-1681 Mr	s. Linda McClure, - Sister			
18. CAUSE OF DEATH (Enter only one cau	use per line far (a), (b), and (c).)		INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Gun shot wound of	abdomen	ONSET AND DEATH		
931X DUE	TO				
Canditians, if any, which gave) rise to immediate cause (a),	(b)				
stating the underlying couse	10				
last.	(c)		Tro was a special		
PART II. OTHER SIGNIFICANT CONDITIONS C 20g. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
20g. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II af item 18.)			
	Shot during alte	ercation.			
20c. TIME OF INJURY Month, Day, Year Hour a.m.	20d INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm, 20f. (City ar tawn)	(Caunty) (State)		
8:440mp.m. 4-30- 19	67 While at wark of at wark of 330	ctary, street, affice bldg., etc.) Derince George St., Lanrel	L. Md.		
	e of the remains described above, h	eld an Autopsy 🗙 , Inspection 🗙 , Inqui	ry 🔀 and in my apinion		
death resulted fram: Mature		cide, Hamicide, Undetermined ma			
1.000		CHIEF MEDICAL EXAMINER			
ACTUAL SIGNATURE	Jehn	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED		
EXAMINER'S	W.D. Diamololo W.	DEPUTY MEDICAL EXAMINER	r 3 /m		
NAME (Type) John Kehoe,			5-1-67		
23d. BURIAL, CREMATION, 23b. DATE THE BURTATE OF May 4.	1967 23c. NAME OF CEMETERY OR IVY Hill Cem		, , , , , , ,		
24. FUNERAL DIRECTOR	ADDRESS		ISTRAR'S SIGNATURE		
Harold S. Wade, Laur	el, Maryland	DATMAY 4 1967 AC	leavles Judge		
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0556 PLACE OF DEATH death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY GEORGES a. STATE NENTH CANNIMA: COUNTY RERTIE b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours ABIS TON filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE within 72 ON A FARM? DRIVE NO within completely NAME OF OATE First Middle Month Oav DECEASEO OF (Type or print) DEATH executed 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR IF UNOER 24 HRS NEVER MARRIEO last birthday) Months Days Hours and WIDDWED Z DIVDRCED [physician and please ru 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INOUSTRY COUNTRY? NO THE CANCLINA HOUSE WIFE certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT MARG Address 07 MOUNT (Yes, no, or unkown) (If yes give war or dates of service) cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed 1 burial-t burial, DUF TO CONGESTIVE HEART FAILURE Cenditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? CHRONIC NO E YES 20a, ACCIOENT WAS UNDERLYING F 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) S MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should and that death occurred at 524M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SICNED ATTENOING OIRECTOR HOSPITAL TO FUNERAL PHYSICIAN'S 22c. director, p 22d. AOORESS NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE INT PING VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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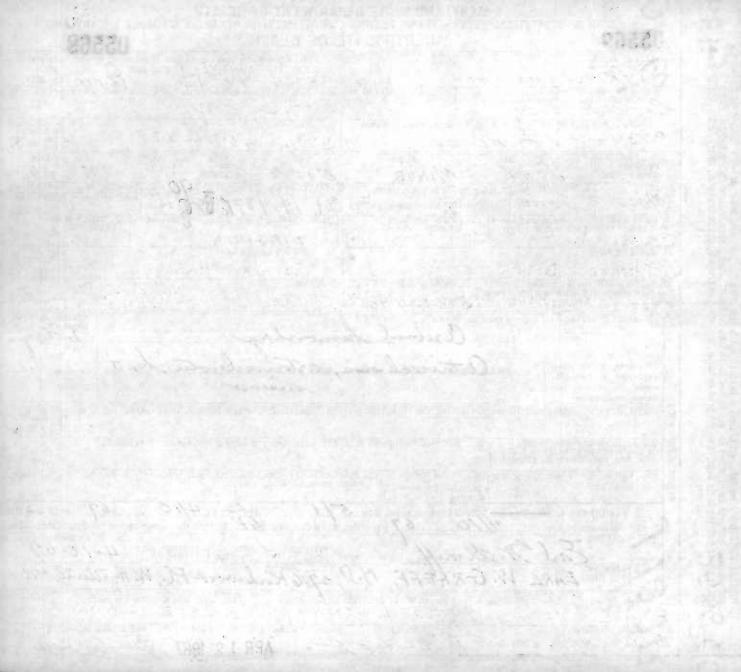
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100. USUAL	OCCUPATION (Give kind of work done e, even if retired)	10b KI	ND OF BUSINESS OR DUSTRY	H	11. BIRTHPLACE (County Baltime				12. CITI	ZEN OF JNTRY?	WHAT	A .
13. FATHER	R'S NAME	. Bond				14. MOTHER'S MAIDEN Minnie		р		4,5			
(Yes, no, or no. 18. C/	AUSE OF DEA	IN U.S. ARMED FORCES? If yes give wor or dates TH (Enter only one col WAS CAUSED BY:	of service)	(o)/(b), and (c).)/	M	ss Ruth	Oliv	e Bon	Address d sa	me a	INTE	Abov RVAL BETV ET AND D	WEEN
Condit	5810 ions, if ony, v	IMMEDIATE CAUSE DUE which gove	(b)	Hepatic -	cis	of the	Lu	in					
	the underly		(c)			0							
PART	II. OTHER SIGN	RIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	NDITION GI	VEN IN PART	1(0)			WAS AUTO PERFORME	PSY D? NO
OR CO	NTRIBUTING [INDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Port I or P	ort II of item	18.)				
70c. T	TIME OF INJUR Hour 'o.m. p.m.	Y Month, Day, Year 19	20d. IN While at work	Not While		E OF INJURY (Home, for ary, street, office bldg., etc.		(City or 1	own)	(Cou	nty)	(?	Stote)
21 sa	. I certify w the dec	that (I) (this xtas: eased alive on_	opitot) attend April 2	led the deceased f	ram_ A nd that	death occurred of	1967 5:15E	to <u>Apr</u>	il 26 auses an	19 <u>6</u> nd an th	Z , tho e date	at (I) (x stated	abav
(b)	SIGNATURE	uns. >	nelle	2	M.D	AA	MED. DIRECTOR	STAI PHY		22b. DA		67	
	PHYSICIAN'S NAME (Type)			ler, M. D.		22d. ADDRESS 3824 - 34			44		. Ma	ryla	nd_
REMO	AL, CREMATION VAL (Specify)		1967	23c. NAME OF CEMET		for Comete	ry F	LOCATION (CI	Geo	rges	(County)	. M	lote)
14.	PAL DIRECTOR	1/1 -	10	20015	STE	2So. REC	D BY REGIS	1967	2Sb. REGIS	Claye	GNATUR		429

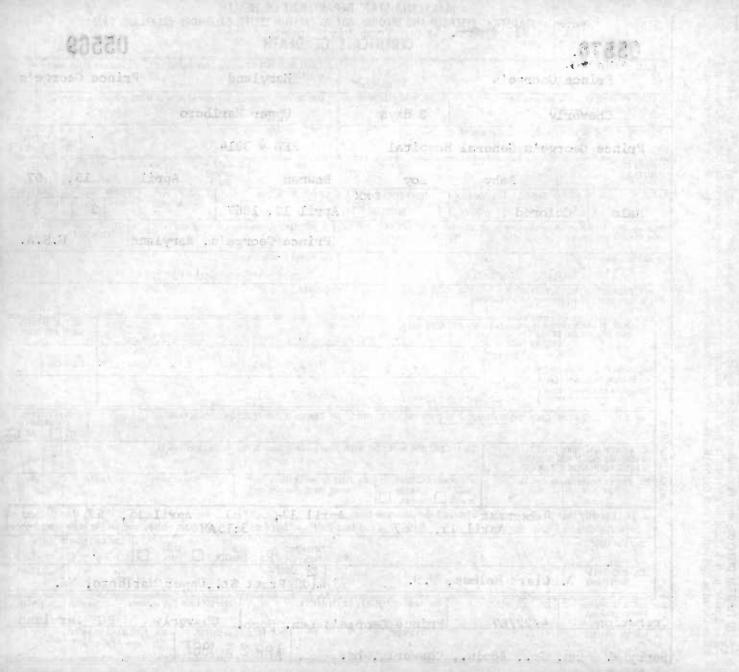
Pages 1 and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the hospital ar ottending physician.

VR A15 (4) 25M 1/67

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1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
e NEW E	05563 CERTIFICATE OF DEATH	
the functions after death	1. PLACE OF DEATH a. COUNTY a. STATE ARY AND b. COUNTY b. COUNTY COUNTY COUNTY D. COUNTY COUN	
in by Pag	b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cofffee City (6, /	own)
n 24 hc	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDE DN A FARI	ENCE M?
within pletely carbon prit, within	3. NAME OF DECEASED (Type or print) TO HAN MINOR BOTTS A DATE Month Day Year OF DEATH APRIL 10 19 6	7
icate be executed within 24 hophysician and completely filled n please remove carbon papers, val, and in any event, within 72 h	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACC 19 years IFUNDER 14 18 19 19 19 19 19 19 19	
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h certificat tending phy nit. Then p or removal,	13. FATHER'S NAME THOMAS BOTTS 14. MOTHER'S MAIDEN NAME SOPHIA HASLIP	
death certifica he attending ph permit. Then ition, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 578 036148 ELLS WORTH N, BOTTS (628 23 PL SPANISH AMERICAN 578 036148 ELLS WORTH N, BOTTS LEWISDALE, MD	
es that the hysician. signed by t rrial-transit urlal, crema	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate (b) Orterioscleroscs, arteriosclerotta hart	EEN ATH
law require attending per second seco	cause (a), stating the DUE TO Clisical (c)	PSY
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	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 4 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work at work at work at work	te)
PAGE TATENDING Page 4 may be retained by FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	21. I certify that (I) (this hospital) attended the deceased from 5 / , 1952, to 4/10 , 1967, that (I) (we) saw the deceased alive on 1967, and that death occurred at 8 M, from the causes and on the date stated ab	
AL OR A lay be r L DIREC page 3 filed wi	22a. SIGNATURE 22b. DATE SIGNED MED. STAFF PHYS. 22b. DATE SIGNED 4-10-67 22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS	
O HOSPITAL OR Page 4 may be O FUNEAL DIR director, page should be filed	NAME (Type) EARL W. CTRAFFF, 19. 1 27/6 Kirkwood Pl., W. Hyallarlly, 1996	9)
or or span	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (State BLADENS BURG, MARYLAND 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE	
VR A15 (4)	Co. W. CHAMBERS Co- PIERPARE 12 DATAPR 12 1967 Johnson Jusque	





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	05571			CERTIFIC	ATE	OF DEATH				05	570	
	PLACE OF DEATH					2. USUAL RESIDENCE (V						
	o. COUNTY Prince	e Beorge's		MARYLAN	ID	o. STATE Mary	land	0.	COUNTY	Prin	ce Geo	orge '
	b. CITY OR TOWN (If outside	corporate limits,		c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If ou			e RURAL	ond give ne	orest town)	100
	write RURAL and give ne	rly		l day		Seat	Ple	asant			160	/
	d. NAME OF HOSPITAL OR IN					d. STREET ADDRESS					e. IS RE	FARM?
	Prince	George's	Gener	ral Hospita	1	6906	B	Street				NO 🗌
	NAME OF DECEASED	First	75	Middle		Lost	4. DATI		Month			Year
	(Type or print)	Robert		D.		Boyer	DEAT		pril		and the second second	67
5.			ARRIED [NEVER MARRIED [. DATE OF BIRTH		9. AGE (In yea	ors II	onths Do		DER 24 HRS.
			DOWED [11/11/11	1.50	11	yrs.			
00	. USUAL OCCUPATION (Give ki	nd of work done	10b. KINI INDL	OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or	foreign country)		12. CITIZE	N OF WHAT	
	ing most of working life, even STEAMFITER			nstruction		West Virg					US	iA
13.	FATHER'S NAME	2				14. MOTHER'S MAIDEN I		** 1				
16	John E.		1 1/ 50	CIAL CECUDITY NO.	17 1		nela	Dunlap	A J.J	24		
15. (Ye	WAS DECEASED EVER IN U.S. os, no, or unknown) (If yes gi	ARMED FURCES? ve wor or dotes of service	(e) 16. 5C	CIAL SECURITY NO.		FORMANT	0.1		Address		yland	
	NO				Dor	nald D. Boye	er 34	00 Brir	ikte	r Kd.		
	18. CAUSE OF DEATH (En	ter only one couse per CAUSED BY:	line for (c	o), (b), ond (c).) te Corona <i>r</i> y	- I	hrombosis					ONSET AND	
	4/201 IN	AMEDIATE CAUSE (o)	ACU	ce coronar,	1	TI OMODIA						
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H	stoting the underlying colors.	(c)										
H	PART II. OTHER SIGNIFICAN		HITING TO	DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE COM	NDITION G	IVEN IN PART 10	0)		19. WAS AU	JTOPSY
NOIL								Maria .			YES TO	
5	20o. ACCIDENT WAS UNDERL	YING 🗆	205. DESC	RIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Port I or F	Port II of item 1	8.)			
CERTIFICATION	OR CONTRIBUTING CAUS											
MEDICAL	20c. TIME OF INJURY Mor		20d. INJ			E OF INJURY (Home, farm		. (City or tow	/n)	(County)	(Stote)
MED	Hour o.m. p.m.	19	While of work	Not While of work	focto	ry, street, office bldg., etc.))					
		(I) (this haspital)	attende	ed the deceased fro	m	1957 ,1	1,9	to 4/7	7	, 19 6/	, that (I)	(we) las
	saw the deceases		26	19 <u>4</u> /, and	d that	death accurred at	(· K) A	M, from cau	ises an			ed abave
	220. SIGNATURE	7. 11	111	11	CIT	ATTENDING	MED.	STAFF		22b. DATE	SIGNED 7	
	100	11 No	100		M.D	PHYS.	DIRECTOR	PHYS.		-+/	1/01	
	22c. PHYSICIAN'S NAME (Type)	Dr. Peter	Duu	s		6124 Cent	tral	Ave. C	anit	ol He	t.s.Md	
230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF		23c. NAME OF CEMETER				LOCATION (City			unty)	(Stote)
		4/10/67		Edge Hill				narles I				inia
	I. FUNERAL DIRECTOR O be					1 APR	BL KEGI	ST 1967 25	yca	TRAR'S SIGN	Judge	2
4	308 Suitland	Road Sui	itlan	d. Marylan		DATE			//	1	1 0	

Suitland Road, Suitland, Maryland

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remarked bare papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05572 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05571
HEAUNY DEPT.	1. PLACE OF DEATH e. COUNTY RESIDENCE (Where dacassed lived, If Institution: Residence before admission e. STATE WASH. DC b. COUNTY
director. Page director. Page director. Page or your files. epartment of eath.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CHOUCHLY C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
6 0 0 0 QQ	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) RINCE GEORGES GEN. HOSP. 2824 DEVONSHIRE PL. NULYES NOT
If any de the funer retained the State ours affer	3. NAME OF DECRASED (Type or print) GEORGE VINCENT BRENNEMAN DEATH APRIC 5, 1967
r death. and 3 to may be 2 with t in 72 ho	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED TUCY 4. 1893 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
is 1, 2, ar sage 5 m 1 and 2	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign equality) 11. BIRTHPLACE (State or foreign equality) 12. CITIZEN OF WHAT COUNTRY 13. A.
24 hours PM3. Ppages	13. PATHER'S NAME ELI BRENNEMAN 14. MOTHER'S MAIDEN NAME NATILIAN MARKLE
I within 18. Giv h form mit. File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Kenislables (Yes, 190 of unkown) (Hyos giverward dalgasof service) 578-28-2093-620R66 V. BRENNEMEN DR HOLY Sugars DR
TY MEDACAL EXAMINER: This certificate should be executed vector the certificate, writing the word "pending" in pencil in Item 1 be forwarded to the Chief Medical Examiner's Office along with RAL DIRECTOR. Page 3 should be used as a burial-transit perm r its designated agent, prior to burial, cremation, of removal, and	18. CRUSE OF DEATH [Enter only one sause, part line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause (e), saining the underlying cause leaf. PART II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITION GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE CONDITIONS GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBICANT CONDITIONS CONTRIBUTION TO THE TRAINAL DISEASE CONDITIONS GIVEN IN PART I (e) PRIMARY II. OTHER SIGNIBLE CONDITIONS CONTRIBUTION TO THE TRAINAL DISEASE CONDITIONS GIVEN IN PART I (e) PRIMARY II
O DEPUTY M please execute 4 should be for O FUNERAL ! Health or its id	NAME (Type) 122a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
O TO TO THE SM 1/63	23. FUNERAL DIRECTOR ADDRESS. ADDRE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		0557	3		CERTIFICATE	OF DEATH			05	57	2	
		PLACE OF DEATH O. COUNTY P1	ince Georg	ge	MARYLAND	2. USUAL RESIDENCE (Where decease yland		ion: Residen			
	-	CITY OR TOWN (If autside carparate limit d give nearest town)	s,	c. LENGTH OF STAY IN 16 3 days	c. CITY OR TOWN (If or Hyattsvil		e limits, write RU	RAL and give	nearest	town)	
1			TAL OR INSTITUTION (If no George Gen			d. STREET ADDRESS 4315 Ogle	thorpe	e Street		e	ON A F	ESIOENCE A FARM? NO X
	[NAME OF DECEASED (Type or print)	Mar	rst 'Y	Middle H.	rewer	4. DATE OF DEATH	Apr		Doy 1	Yes	^{ar} 67
	S. S Fe	emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	The second secon	April 1, 18		AGE (In years birthday) yrs.	IF UNDER Manths	1 YEAR Days	IF UNDER Haurs	Min.
	l0a.	USUAL OCCUPATION Cetifed 1	N (Give kind of work done	ept UN	ND OF BUSINESS OR DUSTRY Goverment	11. BIRTHPLACE (County Alabar		eign country)		TIZEN OF UNITRY?		
		FATHER'S NAME amuel E	Blount Brev	wer		14. MOTHER'S MAIDEN Mari		.cFarlar			"2	
	IS. (Yes	WAS DECEASED EVE s, na, ar unknawn) no	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service) 57		IFORMANT iss Virgini	a W.		Same (neic		#2	
			EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	(a), (b), and (c).)	me In	fore	+			RVAL BET ET AND D	
		Conditions, if ony	re couse (o),	(b)	dreue	relectre	Hen	+ Des	<u> </u>	4.	-14	.)
		stating the unde	riying couse	(c)	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	N IN PART 1(a)		19.	WAS AUTO	OPSY
1012101	CERTIFICATION	20g. ACCIDENT WA	- INDEDIVING I	201- 05	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part Las Part	II of item 10)		YE	PERFORM S	NO [3
		OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 00	SCRIBE HOW INJORY OCCURRED.	tiller lidiole di lilijory ili	rait i ai raii	ii di iieii 10.)				
	MEDICAL	20c. TIME OF INJ Haur 'a. p.	10	20d. If While of work	Not While facto	E OF INJURY (Hame, farn ry, street, affice bldg., etc.)	(City or town)		unty)		(State)
		saw the d	fy that (I) (this has eceased alive on		ded the deceased fram	death accurred at		fram causes	and an th	he date		
		22o. SIGNATURE,	2 New	b	M.D		MED. DIRECTOR	STAFF PHYS.	22b. D/	ATE SIGNE	, 7	
1		22c. PHYSICIAN'S NAME (Type		tz		22d. ADDRESS Prince	Georg	e Plaza	Hyati	tsvi	lle,	Md
		BURIAL, CREMATI			23c. NAME OF CEMETERY OR (REMATORY .	1	CATION (City or To		(Caunty)	(S	stote)

24. FUNERAL DIRECTOR
Francis Gasch's Sons Hyattsville, Md.

25b. REGISTRAR'S SIGNATURE
Clianles Judge

REC'D BY REGISTRAR

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and, campleted director, page 3 shauld be detached for use as the burial-transit permit. Then please remayer extrogs shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event of VR A15 (4) 25M 1/67

filled in by the fungra in papers. Pages 1 ithin 72 haurs after

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Ct. Marylar				

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rbon papers. Page write RURAL and give nearest town) hours 2 HOURS filled in d. NAME OF HOSPITAL ORMINSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO etely 3. NAME OF Middle Last DATE Month Day Year DECEASED 3 9 5 (Type or print) DEATH 196 SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH 7. MARRIED 9. IF UNDER 24 HRS 9 NEVER MARRIED inany Months Days Hours and WIDOWED DIVORCED 0 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) physician and ir pe during most of working life/even if retired) COUNTRY? tomemiker certificate ם removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or death (Yes, no. or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a **DUF TO** Conditions, if any, which (h) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. has (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. r this certificate h detached for use te Dept. of Health p for use Health PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) e Hour a.m. DIRECTOR: After age 3 should be dilied with the State While Not While be retained by at work at work that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 196 and that death occurred at 850 196 PM. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page filed ATTENDING PHYS. 3 Page 4 may M.D. DIRECTOR PHYS. director, pa PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, NAME OF CEMEJERY OR CREMATORY (State) 23b. DATE THEREOF LOCATION (City, town or county) 23c. 23d. ADDRESS FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. VR A15 (4) 196 15M 4-64

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05576 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY o. STATE b. COUNTY 0 P.M.3. Poge 6 Prince George's MARYLAND Maryland Maryland Anne Arundel
c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) delay with the Stote Deportment b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b ond Crownsville Cheverly DOA d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS with farm YES NO PC Prince George General Hospital Box 55 NAME OF Middle Lost 4. DATE Month Doy Year DECEASED OF DEATH (Type or print) 1967 Tsaac Brown 10 S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF LINDER 1 IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days 00 death. WIDOWED DIVORCED Dec. 1913 Male Negro 10a. USUAL OCCUPATION (Give kind of Fork done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHA afe ar foreign country) ofter INDUSTRY .⊑ Chief Medical Examiner's pages be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil 72 hours File _⊆ WAS DECEASED EVER IN U.S. ARMED, FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO permit. pending" within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH event Heart failure IMMEDIATE CAUSE (a) minutes ward This certificote should Arteriosclerotic heart disease unknown the in any Conditions, if ony, which gove (b) the 10 rise to immediate cause (a), DUE TO stating the underlying cause 0 farwarded and writing last be used 19. WAS AUTOPSY PERFORMED? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate, NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 should should PRIMARY ar CONTRIBUTING 6 CAUSE OF DEATH cremotion, MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) Haur a.m. factory, street, office bldg., etc.) Nat While may be retained for your FUNERAL DIRECTOR: Page pleose execute at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X ond in my opinion Accident deoth resulted from: Notural 2 ouses Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE funerol DEPUTY MEDICAL EXAMINER **EXAMINER'S** Riverdale, Md. 4-11-67 John Kehoe, M.D. Address (Street, city, tawn, ar county) the 0 25b. REGIS VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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AC 11053	DIAIZION	OF VIIAL R	RECORDS, 301 W. PR	KF21	ON SIKEEL, BALLIMO	KE, MAI	KYLAND 21201				
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PLACE OF DEATH O. COUNTY	Prince Geo	rge	MARYLAN	ND	O STATE	where dece	h (01	INTY _	Prince Geo		
b. CITY OR TOWN Bladens	(If outside carporate limit nd give neorest town) urg	rs,	c. LENGTH OF STAY IN 1	lb	1	c. CITY OR TOWN (If outside corporate limits, write RURA) Bladensburg					
d. NAME OF HOSP	ital OR INSTITUTION (If naylor Stree		give street oddress)	d. STREET ADDRESS 5440 Taylo	reet	, , , , ,		e. IS RESIDE ON A FAI YES			
3. NAME OF DECEASED (Type or print)	Ethe	rst 1	Middle Clair		Butler	4. DATE OF DEAT	April		29°,	Yeo	6
S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED [DIVORCED [B. DATE OF BIRTH May 14, 18	80	9. AGE (In years Bast birthday) yrs.	IF UNDER Months	1 YEAR Doys	Hours Hours	24
Do. USUAL OCCUPATION OF WORK IN THOUSEW I	ON (Give kind of work done glife, even if retired)		IND OF BUSINESS OR Home		West Vir				TIZEN OF		
13. FATHER'S NAME Christop	her C. Syp	olt			14. MOTHER'S MAIDEN N Unknow						
15. WAS DECEASED E (Yes no or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dotes	f + 1	SOCIAL SECURITY NO. 35 18 2675		INFORMANT Irs. Nellie	/. K	line Sam		#2	(dau	gh
	DEATH (Enter only one car ATH WAS CAUSED BY: IMMEDIATE CAUSE	yes.	(a), (b), ond (c).)		ment		\			ERVAL BET SET AND D	
Conditions, if or	DUE γ, which gove)	TO	Mocan	el	ial ins	mb	Reco	wie			
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OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	2Db. Di	SCRIBE HOW INJURY OCCU	JRRED	(Enter nature of injury in I	Port I or Po	ort II of item 1B.)				
图 Hour	JURY Month, Doy, Yeor o.m. 19	2Dd. I While	Not While		ACE OF INJURY (Home, form tory, street, office bldg., etc.)		(City or town)	(Co	unty)	((Stot
21. I cert	tify that (1) (this hos deceased alive on	spital) atten	ded the deceased from 2967, and	om_	of death durred at.		M, from causes				
220. SIGNATUR			eleza-	М		MED. DIRECTOR	STAFF D		ATE SIGN	1ED 29	1

B, CAMERON

23c. NAME OF CEMETERY OR CREMATORY

Greenway

ADDRESS

23b. DATE THEREOF 5/2/67

Francis Gasch's Sons Hyattsville, Md.

las

PERRY

25o. REC'D BY REGISTRAR

23d. LOCATION (City or Town)
Burkley Springs

(County)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer cilled in by the fun director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 a directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carl shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

PHYSICIAN'S NAME (Type)

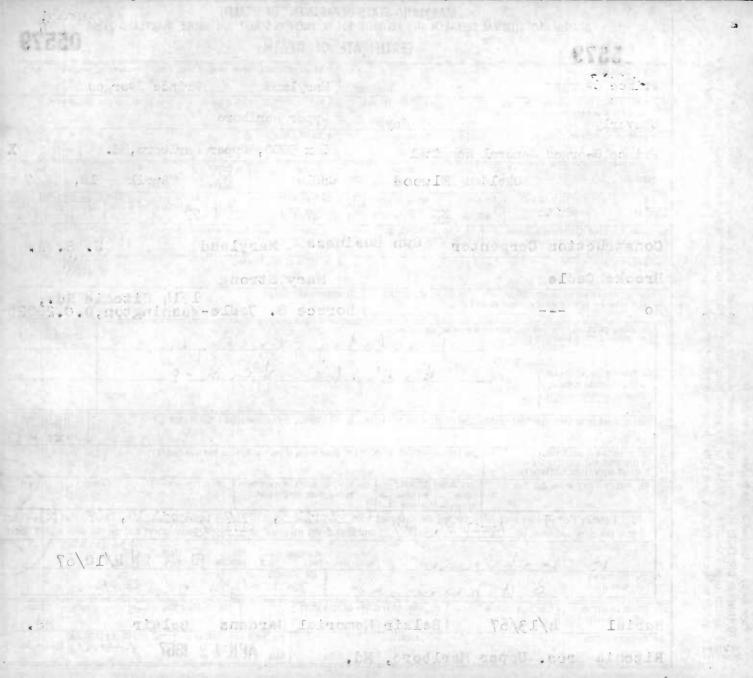
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24. FUNERAL DIRECTOR

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) filled in by the funeral 1. PLACE OF DEATH Prince Georges Prince Georges MARYI AND requires that the death certificate be executed within 24-haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Upper Marlboro Cheverly 5 days e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS and in any event, within 72 h Box 3000. Upper Marlboro.Md. NO A Prince Georges General Hospital 3 NAME OF Middle 4. DATE Last Day Year remave carban campletely DECEASED April 19 67 Sheldon Elwood Cadle 10. (Type or print) DEATH 9. AGE (In years 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Manths Haurs Doys White Male 5/27/89 DIVORCED WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? Construction Carpenter Own Business Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Brooke Cadle Mary Strong 17. INFORMANT 17. INFORMANT
Horace S. Cadle-Washington, D. C. 20028 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no, ar unknawn) (If yes give wor ar dotes af service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by DUF TO Canditians, if any, which gove rise ta immediate couse (a), DUF TO stating the underlying cause the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use YES TO NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or tawn) (County) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. foctory, street, office bldg., etc.) While Not While at wark be retained by 21. I certify that (%) (this hospital) attended the deceased fram April 10, 1967 and that death of 10, 1967, that (X) (we) last shauld 1967 and that death accurred at 1:15/M, fram causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S 3007 NAME (Type) ahrane director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a. BURIAL, CREMATION, Belair Memorial Md. Gardens Belair REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles VR A15 (4) Ritchie Bros. Upper Marlboro, Md. 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0.5	580		CERTIFICA	ATE OF DE	AIH		U	5536	,		
a. COUNT	Prince George		MARYLAND	a. STATE		nere deceased lived, if institution by COUN		nce Ge			
b. CITY Of write I	R JOWN (If autside carparate limits RIBAL and give nearest tawn)	s, c. L	ENGTH OF STAY IN 16	c. CITY OR 1	d. STREET ADDRESS 4104 Hamilton St.				e. IS RESIDENCE ON A FARMS YES NO		
Magno	of Hospital or Institution (if no olia Gardens Nui	rsing Home	reet address)								
3. NAME OF DECEASED (Type or)	20ra	rst L.	Middle Ca	rincross cross	1/	4. DATE Month OF DEATH April	h 7		rear 67		
Fema]	le 6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BI	RTH 3, 188	9. AGE (In years Plast birthday) Yrs.		ays Haurs	S Min.		
	CCUPATION (Give kind of work done	Ownouir	BUSINESS OR OME	11 BIRTHPL Balt	ACE (County &	State or fareign country) Maryland	12. CITIZE COUNT	IN OF WHAT			
13. FATHER'S	NAME Benjamin Frank	lin Fros	t		'S MAIDEN NA	ME					
1S. WAS DEC (Yes, no, or u	CEASED EVER IN U.S. ARMED FORCES? Inknawn) (If yes give war ar dates a	of service) 16. SOCIAL 578 2	SECURITY NO. 28 6239	17. INFORMANT Vm. W. Ca	rincro	4404 Under	wood S Park,	t _{Md} .			
PA	USE OF DEATH (Enter only one country in the country	(a) Ce	b), and (c).)	there yo	<u>.</u>	1		INTERVAL B ONSEJ AND			
rise ta i	mmediate cause (a), the underlying cause DUE	(b)	(m) ac	The year	7			1			
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OR CONT	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Part I or Part II of item 18										
20c. TIM	K. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 20d. INJURY OCCURRED While Nat While at wark at wark						(Caunty	r)	(State)		
sav	21. I certify that (I) (this haspital) attended the deceased fram 1962, that (I) (we) la saw the deceased alive an april 6 1962, and that death accurred at 430 M, from causes and an the date stated above										
22c. Pł	HYSICIAN'S	Ly	37	M.D. ATTENDIN PHYS. 22d, AD	0	AED. STAFF IRECTOR PHYS.	22by DATE	SIGNED			
N/	AME (Type) Leon Le	vitský			Mt	Rainier, Md.					
23a. BURIAL REMOY	, CREMATION, 23b. DATE THI AL (Specify) April 1		Ft Lincol			23d. LOCATION (City or Tov Colmar Manor	Pro Ge		(State) Md.		
24. FUNERA			ADDRESS				GISTRAR'S SIGN	-			
F	. Gasch's Sons	Hyattsv	ville, Md.		DATE A D	0 1 0 1007	Plianel	pu 1000	all the		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	P	NDREWS	AFB		12 Days		HLLSIDE			e. IS RESIDENCE
10	d	I. NAME OF HOSPITAL	DR INSTITUTION (If n	at in haspital, g	ive street address)	d. SIKI	EET ADDRESS			DN A FARM?
-	L	ISAF HOS	PITAL AN	DREWS		120	14 54TH	AVE		YES NO L
H		NAME OF	Fi	rst	Middle		Last 4	. DATE	Manth	Day Year
		Type or print)	WILLIA	M	HOMER	CA	ARDTNAT.	OF DEATH	APRTI.	28 19 67
	S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. OATE I	OF BIRTH Marl	9. AGE (In ye	ears IF UNDER	
i	M	IALE	CAU	WIDOWED	DIVORCED [2.700	3ER0022	last birtho	day) Months	Days Haurs Min.
	10a.	USUAL OCCUPATION (Give kind af wark done	10b. KII	ND OF BUSINESS OR			tate, or foreign country) 12. CIT	TIZEN OF WHAT
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ı	13	FATHER'S NAME			ODAI		OTHER'S MAIOEN NAM			USA
			ADDTMAT			14. 111	THER S MAIDEN HA			
		LAUDE C		11/	COCIAL SECURITY NO	17. INFORMA	AIT		A delegan	
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	Y	(Yes, na, ar unknawn) (Iff yes give war ar dates of service) YES NED RET MAY 9				W	IFE	1	SAME AS	#2
			TH (Enter anly ane car							INTERVAL BETWEEN ONSET AND DEATH
		PART I. UEATH	WAS CAUSED BY: IMMEDIATE CAUSE	Infar	ection, po	sterio	or left	and righ	ıt	ONSET AND DEATH
		4001	DUE		ricular wa					
		Conditions, if ony,		(b) Pneu	umococcal	pneumo	onia, rig	tht upper	c lobe.	
		rise ta immediate stating the underl		10 Pneu	mococcal	septio	cemia.			
		last.	ing cost	(c) Seve	re Corona	ry art	terioscl	erosis.		
		PART II. DTHER SIG	NIFICANT CONDITIONS (O DEATH BUT NOT RELATE				(a)	19. WAS AUTOPSY PERFORMEO?
	TION				P4 183					YES NO NO
	CERTIFICATION	20a. ACCIDENT WAS I	INDERLYING 🗆	1 20h DF	SCRIBE HOW INJURY DCCU	RRFD (Enter na	ture of injury in Par	t Lar Part II of item	18.)	1 10 % 10 11
	ERTI	OR CONTRIBUTING [CAUSE OF DEATH	200.00	Jenibe How made, Deed	inco. (circo iia	ioro ar inforty in trai	, i di ran ii di iioni	, ,	
	ALC	(IF EITHER, NOTIFY M		1 204 14	JURY OCCURRED 20	DIACE DE INI	URY (Home, farm,	20f. (City ar ta	(fa	unty) (State)
	MEDICAL	Hour o.m.	Y Manth, Doy, Year	While	Nat While		t, affice bldg., etc.)	201. (City di 1d	wii) (cuc),,,()
	2	p.m.	19	at work	at wark					
		21. I certify	that (1) (this has	pital) attend	led the deceased fro	m_16_/	Apr , 196	7, 10 28	Apr., 19_	6.7 that (1) (we) lost
			eased olive on_	28 Apr	6719, and	that deoth	occurred of	50 M, from ca		he dote stated above.
		22a. SIGNATURE	1.	1 0	1 101	ATTE	NDING ME	D. STAFF	22b. DA	ATE SIGNED
			Mixuel	Wod	m/	M.D. PHY		D. STAFF		
		22c. PHYSICIAN'S NAME (Type)	MAXWELL	W. STE	EL JA		ADDRESS US	AF HOSPI	TAL AN	DREWS
		IAMAIL (1 Ahe)	Colonel,	USAF	MC /		ANDREWS	AFB, WAS		20331
	23a.	BURIAL, CREMATION			23c. NAME OF CEMETER	Y OR CREMATO	RY	23d. LOCATION (City		(County) (State)
		REMOVAL (Specify)	2MAY19	67	ARLINGTON N	ATIONAL	CEMETER	Y ARLINGT	TON, VIRG	INIA
	24.	FUNERAL OIRECTOR	ROBERT E.	WILHEL.	M FUADDRESS T. H	OME	2Sa. REC'O B		Sb. REGISTRAR'S SI	IGNATURE
		4308 SUI	TLAND ROAL	SUIT	LAND, MARYL	AND	DATE MAS	7 2, 1967	J. Cha	rles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

Corrected certificate Film \$393-10/10/67- MB.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05582 CERTIFICATE OF DEATH deoth. 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND PRINCE GEORGES hours after PRINCE GEORGES MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) ANDREWS OXON HILL AFB DOA e. IS RESIDENCE ON A FARM? and campletely filled in remove corbon popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ony event, within 72 NO V USAF HOSPITAL ANDREWS 7606 BOCK ROAD within 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED APRIL CASTER 26 67 ANNA JOSEPHINE 19 DEATH (Type or print) requires that the deoth certificate be executed IF UNDER 24 HRS. S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours IX Apr 1897 FEMALE CAU WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT e ottending physician un nermit. Then please during most of working life, even if retired)
HOUSEWIFE COUNTRY? INDUSTRY burial, crematian, or removal, and SWEDEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAHTILDA JOHNSON JOHN OSTERLUND 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) DAUGHTER SAME AS 038-12-4662 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ATHEROSCLEROSIS CORONARY ARTERIES signed by Page 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior ta PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES 🔽 NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 19 ot work ot work ige 3 should be a 21. I certify that (\$\frac{1}{2}\$ (this hospital) attended the deceased from 8 April , 19 67, to 24April 167, that \$\frac{1}{2}\$ (we) lost sow the deceased glive on 24 April 1967, and that death occurred a \$2:25 \text{PM}, from couses and on the date stated above. sow the deceosed olive on. 220. SIGNATURE 22b. DATE SIGNED ATTENDING 27 April DIRECTOR PHYS. M.D. director, page 3 should be filed 22d. ADDRESS USAF Hospital Andrews NAME (Type) Wash DC 20331 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23o. BURIAL, CREMATION, 0 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATEMAY

SERD TO STEEL SERVICE SERVICES The Marian Maria Price Co. of the first of the Armed Agency and Agency and Armed Agency and Agen of the parties of the second second Part of the Part o 1 1148

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) #b. TOUNTY autside carparate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? NO I DATE DEATH IF UNDER 1 YEAR IF UNDER 24 HR birthday) Manths Days Haurs HPLACE (County & State, ar 12. CITIZEN OF WHAT COUNTRY? WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) and that death accurred at 3 M, from causes and on the date stated obove. DIRECTOR 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) REMOVAL (Specify) 30 n.C Kenson 24. FUNERAL DIRECTOR 2So. REC'O BY 2Sb. REGISTRAR'S SIGNATUR

VR A15 (4) 25M 1/67

Hust such 15 MAGGIE THENE CHODILL SHOR ISE Unite carry of turnel yarte Tenningon Very ME CHAPHS GREEK Points Hypeanhif Failure 18 16 Heresterpie Carterale Contra Carles Verdenler Chine El Heinelle a 18 gra THE STANDARD
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05584 ve carban papers. Pages 1 and 2 event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY Prince Georges Prince Georges MARYLAND requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie davs Cheverly e. IS RESIDENCE ON A FARM? completely filled in nove carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 12613 Craft Prince Georges General Hospital Lane YES NO 3 NAME OF Middle 4. DATE Month First Lost Year DECEASED Celich Sr. April 26 19 67 Albert (Type or print) NMN' DEATH S. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SO yrs. Doys Hours burial, crematian, ar removal, and in any White WIDOWED DIVORCED 22 Dec., 1916 Male attending physician and sermit. Then please rest 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired—Anylist COUNTRY? Wisconsin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Iso Celich Eva Hidech 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) No 389-10-1553 Mrs. Dorothy K. Celich. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar ta WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work ot work 4-26, 196 (that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram and that deoth occurred at 10,55 M. from couses and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Albert Roth, M. 5409 Riverdale Rd. Riverdale, Md. 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Wheaton, Maryland Gate of Heaven 24. FUNERAL DIRECTOR W. W. Chambers ADDRESS Riverdale, Md. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05585 CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and aval, and in any event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o COUNTY o. STATE MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give neorest town) Washington.D.C. Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO THE Carroll Manor 1504 23rd. St. 3. NAME OF Last Year DECEASED OF DEATH (Type or print) Veronica Chappelear H April
9. AGE [In years IF UNDER 24 HRS S. SEX NEVER MARRIED 7. MARRIED last birthdoy) Hours DIVORCED Female WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) INDUSTRY Charles Co. . Md. Ret-Examiner-Bureau of Engraving 14. MOTHER'S MAIDEN NAME Ellen Rose Morris Thomas J. Chappelear 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes af service) 16. SOCIAL SECURITY NO. 17. INFORMANT No Hospital Records INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema IMMEDIATE CAUSE (o) ___ signed by Arteriosclerotic Heart Disease Canditians, if any, which gave (b) rise to immediate cause (o), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO Interstitial Pneumonia for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II af item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While at work ot wark be retained by 21. I certify that (I) (this possite) ottended the deceased from Oct. 7, 1958, to April 17, 1967, that (I) *we) last 19 67, and that deoth accurred at 11 - 30M, from causes and on the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 322 H St. N.E. Washington, D.C. Thomas F Collins, M.D. directar 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Suitland, Maryland Cedar Hill Cemetery Ruria] 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Melanles Pa.Ave., SE DC 20 M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence delay is Prince George's Prince George's Maryland Page MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Carmody Hills Cheverly 4 hours d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS form Prince George's Hospital 7403 C Street ward "pending" in pencil in Item 18. Give Pages the Chief Medical Examiner's Office along with far NO S This certificate should be executed within 24 hours after death. NAME OF DECEASED Middle 4 DATE Lost Month Doy Year Alfred Clark April (Type or print) Benjamin DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED lost birthday) Manths event within 72 hours after death. WIDOWED DIVORCED T 12-22-47 Negro male 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR during most of warking life even if retired) COUNTRY? **INDUSTRY** Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred B. Clark, Sr. Clarice Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, No unknown) (If yes give wor or dotes of service) 16-50-5134 | Alfred B. Clark, Sr. Same as 2d. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: 4 OME TAMP SEATH Laceration of brain IMMEDIATE CAUSE (a). writing the ward in any Right pneumothorax 4 hours Conditions, if ony, which gove rise to immediate cause (a) shauld be farwarded ta DUE TO stating the underlying cause and Trauma - auto accident 4 hours SD WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) cremation, ar remaval, the certificate, 20a. EXTERNAL CAUSE WAS PRIMAR ♥ Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) Driver of car which ran off road and collided with cement MEDICAL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year abuttmenter 20f. Nat While at wark Ritchie Mariboro Rd. s. of Whitfield Rd. P.G. may be retained for your FUNERAL DIRECTOR: Page 4-30-679 21. I certify that I toak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion Natural causes death resulted fram: Accident X Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-30-67 DEPUTY MEDICAL EXAMINER EXAMINER'S Health (John Kehoe, M.D. Rive(fidale towMd county) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE THEREOF 50 Resurrection Cem VR A15ME (5) Acharles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

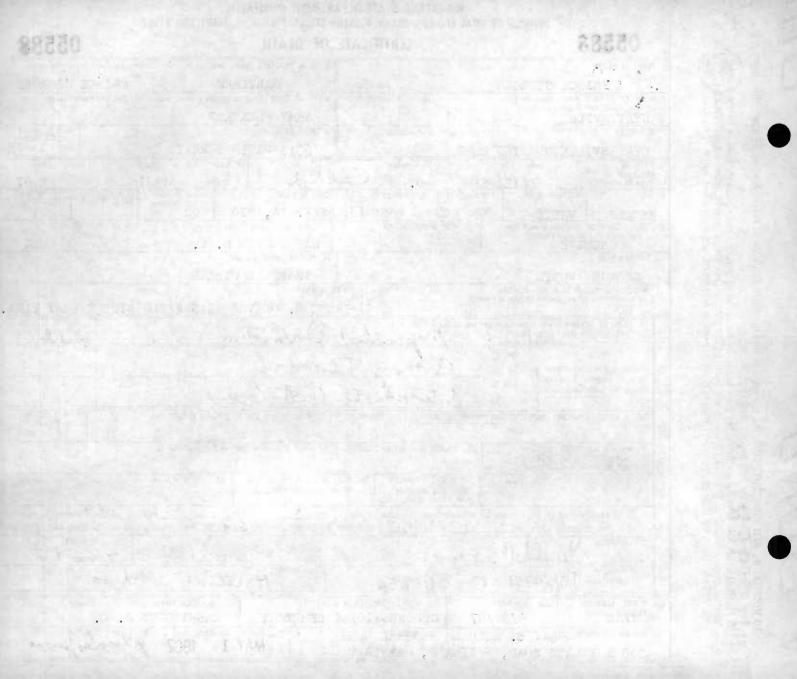
CERTIFICATE OF DEATH

05598

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	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceos			e before odr	mission)
	o. COUNTY PRINCE	GEORGES		MARYLA	ND	o. STATE MARY	LAND	b. COUN	PRIN	CE GE	ORGES
	b. CITY OR TOWN (If outside	corporote limits,	c. L	ENGTH OF STAY IN	1b	c. CITY OR TOWN (If our	tside corporo	te limits, write RUF	RAL ond give	neorest tow	vn)
	write RURAL and give new HYATTSVILLE	arest fown)			1	SEAT PLE	ASANT			16.1	
(d. NAME OF HOSPITAL OR IN	STITUTION (If not in h	ospitol, give st	reet oddress)		d. STREET ADDRESS	- 100			e. IS	RESIDENCE A FARM?
	HYATTSVILLE	NURSING H	OME			6315 FIE	LD ST	REET		YES	NO NO
	NAME OF DECEASED (Type or print)	First ELIZABE	TH	Middle	-1	ARK	4. DATE OF DEATH	Mont APRII		Doy	Year 19 67
S.	SEX 6. COLO		ARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1		JNDER 24 HRS
F	FEMALE WHI	ITE WI	DOWED X	DIVORCED		SEPT. 14,18	74	lost birthdoy) 92 yrs.	Months	Doys Ho	ours Min.
10o.	. USUAL OCCUPATION (Give kir	nd of work done	10b. KIND OF	8USINESS OR		11. 8IRTHPLACE (County 8		eign country)		IZEN OF WH JNTRY?	AT
uuri	ing most of working life, even HOUSEWIFE	n remed)	INDUSTR			WASHINGTO	N D. (3.	(00	INTREE	USA
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
	GEORGE WHI					ISABELLE	PIER				
1S. (Ye	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	ice) 16. SOCIA	L SECURITY NO.	17. 1	NFORMANT		Addre	225		
,,,,	NO		1		IR	ENE E. OLIV	ER 63	5 FIELD	STREE	T SEA	T PLE
	18. CAUSE OF DEATH (Ent PART I. DEATH WAS O	ter only one couse per	r line for (o),	b), ond (c).)	-1	01-	A				L BETWEEN
	IM	IMEDIATE CAUSE (a)	10	lyozard	in	Jayand	m			sud	den
	4201	DUE TO	0	m.	T	1 milas			9.45		
	Conditions, if ony, which g rise to immediate couse	(0)	4	ringy	11	more					
	stoting the underlying co	DUE TO (c)	Text	erndur	ti	Hust D	ment				
	PART II. OTHER SIGNIFICAN		BUTING TO DE	ATH SUT NOT RELATI	ED TO T	HE TERMINAL DISEASE CON	DITION GIVE	N IN PART I(c)		19. WAS	AUTOPSY
TION	The street stortification	Co.tollions Control	OUT TO DE			The result with the course con				PERF YES	FORMED?
CERTIFICATION	20o. ACCIDENT WAS UNDERLY	YING 🗆	20b. DESCRIB	E HOW INJURY OCCL	JRRED.	Enter noture of injury in 1	Port I or Port	II of item 18.)		113	
CERT	OR CONTRIBUTING CAUSE	OF DEATH									
MEDICAL	20c. TIME OF INJURY Mon		20d. INJURY	OCCURRED 2		E OF INJURY (Home, form	, 20f.	(City or town)	(Cour	nty)	(Stote)
MED	Hour o.m. p.m.	19	While of work	Not While of work	focto	ory, street, office bldg., etc.)					
	21. 1 certify that	(I) (this haspital)			am_=	t - 10 - 1	967 to	4-26	, 196	Z that ((I) (we) la
	saw the deceased	111 211 3	24			death accurred at					
	220. SIGNATURE	rold (Elm	n	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	111	TE SIGNED	57
	22c. PHYSICIAN'S NAME (Type)	NALD C	E	OGREN		22d. ADDRESS	atti	11. 1	ind,		
220	. BURIAL CREMATION.	23b. DATE THEREOF		c. NAME OF CEMETE	DY OD	PEMATORY		CATION (City or To	wn) /	(County)	(Stote)
	B REMOVAL (Specify)	4/29/6		ONGRESSI				SHINGTON	,	, ,,	(21016)
	. FUNERAL DIRECTOR ROB			TI ADDRESSI. H			8Y REGISTR		GISTRAR'S SIG	GNATURE	
	4308 SUITLAN					DATE MA	Y 1	1967	Clan	tes you	out.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remays carbon papers. Pages shauld be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after the state of the state Dept.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05589

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05589

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1. PLACE OF DEATH						ere deceosed live			efore odmission)
o. COUNTY	ince George!	•	MARYLA	0. ST.	ryland		b. COUN	ce Geor	rote
b. CITY OR TOWN	(If outside corporate limits	s,	c. LENGTH OF STAY IN		OR TOWN (If outs	de corporate limit	s, write RUR	AL and give ne	orest town)
Chever	nd give nearest town)		3 weeks	- 1	lege Par				,,,,
d. NAME OF HOSP	TITAL OR INSTITUTION (If no				I ADDRESS	K			e IS RESIDEN
	eorge Genera				6 52nd.	Avenue			ON A FAR
3. NAME OF		rst	Middle			4. DATE	Month)	Dov Year
(Type or print)	Hele	na	SMITH	Cleve		OF DEATH	1.		20 19 6
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE O		9. AGE (IF UNDER 1 YE	AR IF UNDER 2
Female	White	WIDOWED 5	DIVORCED	6-1-1	909	68	oirthdoy) yrs.	Months Do	ys Hours
10o. USUAL OCCUPATIO	ON (Give kind of work done		O OF BUSINESS OR		THPLACE (State or		113.	12. CITIZEI	N OF WHAT
during most of workin	g life, even if retired)	INDU	JSTRY		New			COUNT	
13. FATHER'S NAME	THE			1 14 MO1	HER'S MAIDEN NA			1	U O O
	222 616	CITIL							
	JERT SM VER IN U.S. ARMED FORCES?		CIAL SECURITY NO.		IKNOWN		A diduce		45
(Yes, no, or unknown)	(If yes give wor or dotes of	of comico)	8341101	STEWAR	TE.CLEV	ELAND	5522	KENNE	by ST
No							KIVE	RDALE	
	DEATH (Enter only one cous ATH WAS CAUSED BY:								ONSET AND DEA
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19 14 2 5 10									
900			o thrombos						
Conditions, if on	y, which gove	(b) From	o thrombos immobiliza				emur.		
Conditions, if on rise to immedia stating the und	y, which gove) ote couse (o),	(b) From					emur.		
rise to immedia	y, which gove) ote couse (o),	(b) From					emur.		
rise to immedia	y, which gove) ote couse (o),	(b) From 10 (c)	immobiliza	tion fro	m fracti	re of f			19. WAS AUTOP: PERFORMED YES X NO
rise to immedia	ote couse (o), lerlying couse SIGNIFICANT CONDITIONS CO	(b) From TO (c) ONTRIBUTING TO	immobiliza	tion fro	m fracti	tion GIVEN IN PA	RT 1(0)		PERFORMED
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VR A15ME (5) 6M 1/67

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and 3 to

18. Give Pages

in pencil in Item

"pending"

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's 5 may be retained far yaur files.

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

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This certificate should be executed within 24 haurs after death. If

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MARYLAND STATE DEPARTMENT OF HEALTH

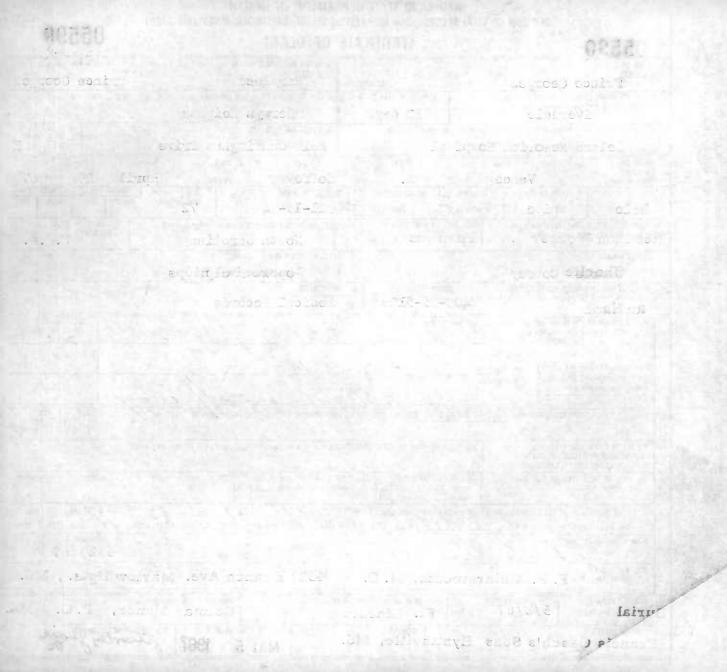
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 05590

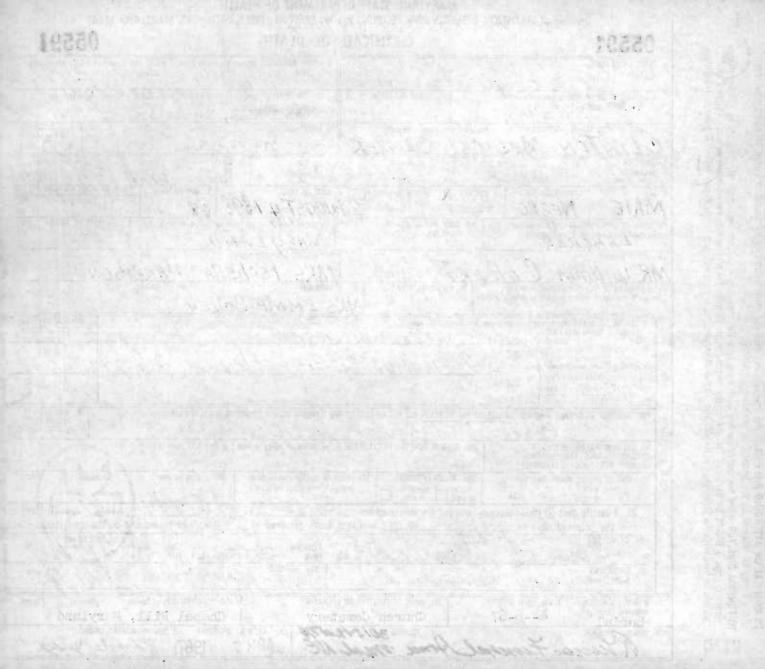
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000	UU										
1. PLACE OF DE	ATH			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)							
Pr	ince Georges		MAR	RYLAND	o. STATE Maryla	nd	b. COU	Pri	nce	Geor	ges
					c. CITY OR TOWN (If ou	utside corporo	te limits, write RU	RAL and give	e nearest	tawn)	
	Riverdale		12 day	ys	Berwy	n Heig	hts		1	6.1	/
d. NAME OF H	OSPITAL OR INSTITUTION (If n	ot in hospite	al, give street oddress)		d. STREET ADDRESS				0	IS RESID	DENCE
Le	land Memorial	Hosp	ital		8610 Cunn:	ingham	Drive		Y		NO X
3. NAME OF	F	irst	Middle		Lost	4. DATE	Man	th	Day	Ye	10
Type or print	Vand	ce	E.		Coffey	OF DEATH	Ap	ril	29	19	67
S. SEX	6. COLOR OR RACE	7. MARRI	ED 🔊 NEVER MARRIE	ED 🔲	B. DATE OF BIRTH	9	. AGE (In years	IF UNDER		IF UNDER	
Male	White	WIDOW	ED DIVORCI	ED 🔲	11-15-94	8-	last birthdoy)	Manths	Doys	Haurs	Min.
	ATION (Give kind of work done		. KIND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or for	reign cauntry)		IZEN OF	WHAT	
Retolto	king W. eyen ikretired)	F	d'Militue		North (Caroli	na	(0	UNTRY?	U.S.	.A.
13. FATHER'S NA					14. MOTHER'S MAIDEN	NAME					
Ch	arlie Coffey				Sophiro	nia Pl	hipps				
IS. WAS DECEASE	D EVER IN U.S. ARMED FORCES?	- f	16. SOCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess			
in No		of service)	09-05-5120		Medical Re	cords					
IB. CAUSE	OF DEATH (Enter only one co	use per line	for (o) (b) and (c).)		1 - 17		/ .			RVAL BET	
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	Myor	ano	lial in	Jan	efin		ONS	ET AND	EATH
1420		TO	///		1101	1	4				
	fony, which gave	(b)	A	8 %	411		/	100			44.0
	ediote couse (o), DUE	TO		1.1	1 - 1	r	// -				
last.)	(c)	A	see	uaf in	Bul	lines	y			201
PART II. OTH	ER SIGNIFICANT CONDITIONS	ONTRIBUTIN	IG TO DEATH BUT NOT RE	ELATED TO	HE TERMINAL DISEASE CON	NDITION GWE	N IN PART 1(o)	/	19.	WAS AUTO	DPSY ED2
ATIC								1	YES		NO 4
20o. ACCIDEN	T WAS UNDERLYING	20b.	DESCRIBE HOW INJURY (OCCURRED.	Enter nature of injury in	Port I ar Port	t II af item 18.)	-	113		
(IF EITHER, NO	ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)										
WEDICAL CERTIFICATION OF CONTRIBE OF CONTR	F INJURY Month, Doy, Year		I. INJURY OCCURRED		E OF INJURY (Home, farm		(City or town)	(Cou	inty)	(Stote)
₩ not	p.m. 19		hile Not While At wark	toct	ary, street, office bldg., etc.	,	/				
21. 1 0	ertify that (I) (this has	spital) att	ended the deceased	fram		967, to		9,196	7 the	et (1) (we) last
	e deceased alive on		4/2/1967	and that	death occurred at	4:40F M	, fram causes	and an H	ie date	stated	abave
22o. SIGNAT	URE AHTO	1, 1			ATTENDING SO	MED.	STAFF -		TE SIGNE		
	/ / m	car	amon	C8 M.E	PHYS.	DIRECTOR	PHYS. L		29/		
22c. PHYSIC NAME (Type) F.P. Cl	niara	monte, M.	D.	4307 Bran	nch A	ve. Mar	low H	lgts.	, N	Id.
23a. BURIAL, CRE	MATION. 23b. DATE TH	EREOF	23c. NAME OF CEN	AETERY OR							
Burmon (S		7	Ft. Lin			Col	CATION (City or To	nor,	P. (County)	G.	Md.
24. FUNERAL DIF	RECTOR		ADDRESS	261	2So. REC'I	D BY REGISTR	AR 2Sb. RE	GISTRAR'S S	GNATURE	108	-
Franci	s Gasch's So	ons E	Hyattsville,	Md.	PMAY	5 1	967 40	uare	Dyn	1	1

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death filled in by the funeral 72 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed director page 3 shauld be detached for use as the burial-transit permit. Then please remave carby director, page 3 should be detached far use as the burial-transit permit. Then please remave can should be filed with the State Dept. of Health prior to burial, cremotion, ar remaval, and in any event, Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05591 05591 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY attending physician and campletely filled in by the Lur permit. Then please remove carben papers. Pages 1 requires that the death certificate be executed within 24 haurs after MARYLAND c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limite write RURAL and give neorest town) Chanel Hill, Maryland please remove carben papers. I, and in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 9165 Old Fort Road YES NO NAME OF Middle 4. DATE Month First Doy Year DECEASED 1967 (Type or print) DEATH SEX 9. AGE (In IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Hours Doys WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 10b. KIND OF BUSINESS OR & BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? LABORE MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) b EMMA. BOLDEN crematian. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Flexure burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been stoting the underlying couse as the last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Health 1 CERTIFICATION NO AT YES for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH de de detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work of work 1900 21. I certify that (I) (this hospital) attended the deceased from and that death occurred of AM, from couses and on the date stated above. saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Church Cemetery Chapel Hill, Maryland Burial 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1967 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05592 05592 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY ince Georges Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural (Glenn Dale) 25 years Rural (Glenn Dale) hin 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Glenn Dale Hospital YES NO X Glenn Dale Hospita 3. NAME OF Middle First Lost Month Doy Year DECEASED (Type or print) James Shields Conant April 19 67 din any event, DEATH SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) August 7,1906 male White DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT U.S.A. during most of working life, even if retired)
Physician Hospital Amsterdam, N.Y. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James B. Conant Mary Jane Fritsch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Glenn Dale Hospital 560-24-6775 Ellen Conant - wife -18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN onset and Death PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive coronary occlusion DUE TO Conditions, if ony, which gove rise to immediate couse (o), Diagnosed DUE TO stoting the underlying couse (c) Arteriosclerotic heart disease August, 1964 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO YES I 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work of work 19 67, to 4/9 _, 1967 , that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 4/9 .1967, and that death accurred at 7. 3.5 M, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR April 9.1967 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Yeong-Cheol Koh, M.D. Glenn Dale Hospital, Glenn Dale Marylan 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION KEAR HARAN Amsterdam New You Fairview Cemetery New York C 250. REC'D BY REGISTRAR FUNE AUSTRECTOR awler's Sons. IncADDREWash. VR A15 (4) Wash.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05593		CERTIFIC	ATE C	F DEATH		0	559	3	
1. PLACE OF DEATH			2.		Where deceosed lived, if in	stitution: Reside	nce before	odmission)
o. COUNTY PRINCE GEO	RGES	MARYLAN	ND I	o. STATE MARYL	AND b.	COUNTY	NCE G	EORG	ES
b. CITY OR TOWN (If outside corporate	limits,	c. LENGTH OF STAY IN 1	b c.	CITY OR TOWN (If ou	tside corporote limits, writ	e RURAL ond gir	ve neorest	town)	
write RURAL and give nearest town FORESTVILLE	,			UPPER	MARLBORO		110.	1	
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol, giv	e street oddress)	d.	STREET ADDRESS			e.	IS RESIDE	NCE
REGENT NURSING HO	ME			4720 ROB	BIE DRIVE		Y	ON A FAR	10
3. NAME OF DECEASED (Type or print) Emeli	First R	Middle	ORNE	last	4. DATE OF DEATH	Month PR	Doy 27	Yeor 196	
S. SEX 6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	B. D.	ATE OF BIRTH	9. AGE (In yed	rs IF UNDER		IF UNDER 2	
FEMALE WHITE	WIDOWED A	DIVORCED [NC	V. 12, 18	83 last birthdo	y) Months	Doys	Hours	Min.
IDo. USUAL OCCUPATION (Give kind of work		OF BUSINESS OR	1	. BIRTHPLACE (County	& Stote, or foreign country)		ITIZEN OF	WHAT	
during most of working life, even if retired)	INDU	ISTRY		ASLAND PE	NNSYLVANIA		OUNTRY?	USA	
13. FATHER'S NAME	AND LAND		14.	MOTHER'S MAIDEN I	NAME			-	
UNKNOWN	K WILLI	G		WIL	HIMINIA	UNKN	OWN		
15. WAS DECEASED EVER IN U.S. ARMED FOR	16. SO	CIAL SECURITY NO.	17. INFO	RMANT		Address			
(Yes, no or unknown) (If yes give wor or d	oles of service)		HARR	Y CORNELI	SON SAME AS	5 # 2			
Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse last.	(b) A (C)	ne vo fine	vm	one	M, LOWER	hob e	100	Jing.	2 -
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE 1	ERMINAL DISEASE CON	IDITION GIVEN IN PART 1(c	o)	19. V P YES	VAS AUTOP PERFORMED)? 1
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Ente	r noture of injury in	Port I or Port II of item 18	3.)			
20c. TIME OF INJURY Month, Doy, You Hour o.m.	20d. INJU While of work	Not While		INJURY (Home, form treet, office bldg., etc.)		n) — (Co	ounty)	(St	tate)
21. 1 certify that (I) (this					966 to 4- 2	7 , 190	62, tha	it (I) (w	e) la
saw the deceased alive a	n_4-27	2 19.67, and	d that de	ath occurred of	3 5/6 M, from caus				abov
220. SIGNATURE	3. K	eer	M.D.	ATTENDING PHYS.	MED. STAFF PHYS.	m 11	DATE SIGNED		7
22c. PHYSICIAN'S NAME (Type) WALTE	RB.	SHEER		6400 MAR.	Ibono Pike	SE. 10	ASH.	D.C. 20	002
230. BURIAL, CREMATION, 23b. DA	TE THEREOF	23c. NAME OF CEMETER	RY OR CREM	ATORY	23d. LOCATION (City of	or Town)	(County)	(Sto	ite)
	/67	MUNCY CEM	ETERY		MUNCY, PI	ENNSYLV	ANIA		
24. FUNERAL DIRECTOR ROBERT	E. WILHELN	1 FURERSAL H	HOME	2So. REC'I	BY REGISTRAR 25E	. REGISTRAR'S	SIGNATURE		1
4308 SUITLAND RO				DATE	Y 9 1967	Ochen	elas (udal	

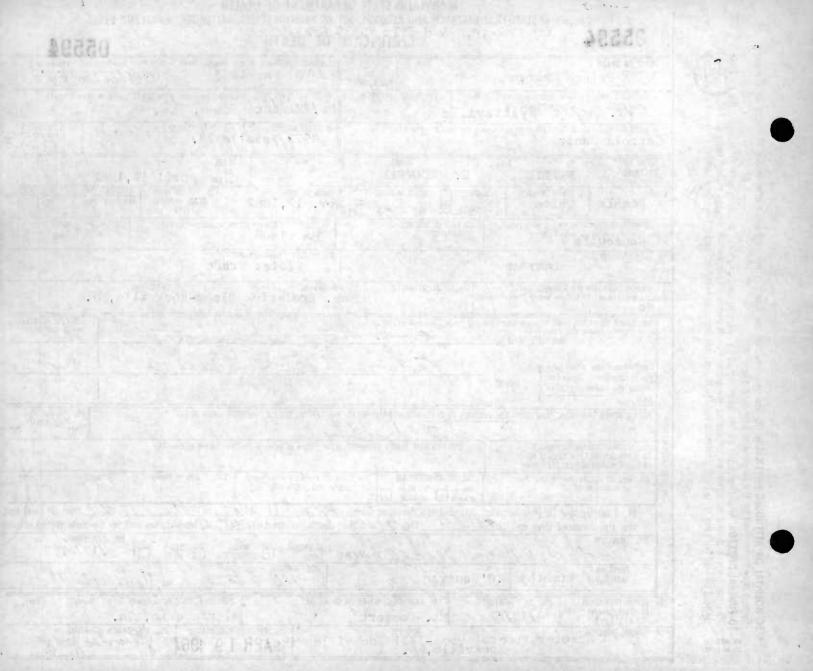
55533 Exercises and parties by the control of the control

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Litem #2a,b,c & d Film #6389 05 23 67 pc

CERTIFICATE OF DEATH 05594 The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY Prince George Maryland MARYLAND b. CITY OR TOWN (If outside corporote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) attending physicion ond completely filled in by the permit. Then please remove carbon papers. Pag Hyattsvil] oon papers. Pa Wash. D.C. d. STREET ADDRESS 2109 Ft Davis, S.E. 4922/Lasalte/Rd. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Carroll Manor 3. NAME OF 4. DATE Middle Lost Doy Year First DECEASED COVELL NELLIE E. April 17,1967 19 DEATH (Type or print) B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED st birthdoy) Nov. 17,1882 Months Hours Female White 84 and in ony WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired) COUNTRY? **INDUSTRY** Maryland IIS 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removol, Emerson Violet Kraft 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service Rev. Frederick Bloom-Rockville, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse hos been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to for use os the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO!) THIS TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work pe Z. 1962, that (I) (we) last 21. I certify that (I) (this haspital) attended, the deceased fram___ . 1967. to and that death accurred at 6.40 M, fram/causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF PHYS. 4/17/67 57/7M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Timothy F.O'Donovan 4400 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify)
Burial Alexanderia. Va. 4/19/67 Comfort heeler Funeral Home-1331 Rockville, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Rockville P VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince George MARYLAND b. CITY DR TDWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Washington, D.C. Months Suitland .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4013 8th Street N.E. ND A Suitland Nursing Home YES within 3. NAME DF DATE Year Middle Last 4. Month Day DECEASED DEATH (Type or print) 19 Cox Catherine evel executed and co 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours any 10-27-1879 White Female WIDDWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician an please ray val, and in .= 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Washington. D.C. Housewife certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending phy-transit permit. Then p., cremation, or removal, remova Thomas Elliott Rose Trapp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) | (If yes give war or dates of service) Cox Levi Same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN law requires that the n signed by burial-transit burial, crema ONSET AND DEATH PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) 260K DUF TO Conditions, If any, which been gave rise to immediate the to DUE TD cause (a), stating the underlying cause last. has as CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate YES ND PHYSICIAN: detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While After Not While at work at work p.m. the S 19 /2. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the 19/27, and that death occurred at 5:45 M, from the causes and on the date stated above. saw the deceased alive pn 7 Cul 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING STAFF DIRECTOR PHYS. M.D. O HOSPITAL PHYSICIAN'S ADDRESS 22d. FUNERAL director, p NAME (Type) Md (State) 23d. LOCATION (City, town or county)
Prince George Co NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF Fort Lincoln 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR ALS 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		05596	MED	ICAL EXAMINER'S	CERTIFICATE (OF DEATH	0	5596
HEALTH DEPL		PLACE OF DEATH				Where deceased lived,	if institution: Reside	nce before admissian)
is ta af		Prince George's		MARYLAND	Maryland		b. COUNTY	George's
elay i d 3 to Pago		o. CITY OR TOWN (If autside carparate limits,		c. LENGTH OF STAY IN 16		utside corporate limits,	write RURAL and gir	ve neorest town)
delc and M3. F		write RURAL and give nearest tawn) Cheverly		DOA	Waldorf			110.1
2, 2, P		A. NAME OF HOSPITAL OR INSTITUTION (If not	n haspital,		d. STREET ADDRESS			e. IS RESIDENCE
es 1, farm farm te De		Prince George Genera	7 Hos	nital	Rt.2. Box	110		ON A FARM? YES NO
		NAME OF First	1 1105	Middle	last	4. DATE	Month	Doy Year
0		DECEASED				OF DEATH	1	13 19 67
Give Give	S.		, MARRIED		mpton 8. DATE OF BIRTH	9. AGE (In	years IF UNDER	the J
			WIDOWED	DIVORCED		last bir	17	Days Hours Min.
24 haurs in Item 18 er's Office of selection after death	100	male white USUAL OCCUPATION (Give kind of work done		ND OF BUSINESS OR	21 Jan. 190		Yrs. 12 (ITIZEN OF WHAT
I he la	dur	ng mos) of working life, even if retired)	11	DUSTRY	WASH.	De	(OUNTRY?
thin 24 miner's pages 1 urs afte	13	KE+JRED FATHER'S NAME	101	4RDINER	14. MOTHER'S MATDEN,	ATA ME	10	. S A.
ld be executed within rd "pending" in pencil Chief Medical Examine transit permit. File page event within 72 haurs c	10.	Tall 111 Co.	1 11 1	1-11	10	/	17	
d wit in pe Exar File 2 hat	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	+MP	SOCIAL SECURITY NO. 17.	INFORMANT	ENNIFIE	Address RT	BOXIIG
y" in cal		s. no. ar unknown) If If yes give war ar dates of s	aniical		-	11/:		ha
e execution pending" st Medical sit permit within		VES WWII		78-05-3421 M	IKS. CRAWFOR	RD WILLIAM	15 VVALL	INTERVAL RETWEEN
be ex "pen nief M nisit p		 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: 						ONSET AND DEATH
d b d :: Chie rran		4200 IMMEDIATE CAUSE (a)						minutes
shauld be executed within 24 haurs to ward "pending" in pencil in Item 1 a the Chief Medical Examiner's Office build-transit permit. File pages 1 and 2 any event within 72 haurs after deat		Canditions of any which cave	Arter	iosclerotic he	eart disease		OV	er 7 mo.
the tat tat bur		rise ta immediate cause (a),						
ficate ting the right of the ri		stoting the underlying couse						
		PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING	O DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE CO	NDITION CIVEN IN DAD	T 1(a)	I 19. WAS AUTOPSY
0 5 6	NO				THE TERMINAL DISEASE CO	NUMBER IN PAR	1 1(0)	PERFORMED?
kem e e et	CERTIFICATION	Diabetes - over 1	-		di i di	Data Data Ca	101	YES NO
ii T Hiffic d b outd	ERT	PRIMARY ☐ or CONTRIBUTING ☐	20b. Dt	SCRIBE HOW INJURY OCCURRED.	(Enter nature at injury in	Part I ar Part II at Her	n 18.)	
		CAUSE OF DEATH.	0011	WILLIAM OCCUPATION TO BLA	CF OF INHURY (U	m. 20f. (City or	16.	(5)-1-1
EXAMINEF ute the ce tige 4 shar yaur files Page 3 shar crematian,	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m.	While		CE OF INJURY (Hame, fari tory, street, affice bldg., etc		10WII) (CC	ounty) (State)
EXAM ute th uge 4 yaur Page	2	p.m. 19	at war					
AL E		21. I certify that I taok charge				Inspection x,		and in my apinia
MEDICAL I		death resulted from: Natural	couses 2], A@ident [], Suid	cide 🔲, Homicide		ined manner [
AED lired tain tain tain		ACTUAL / /	14	V	CHIEF MEDICAL			22. DATE SIGNED
UTY N plany, pl perel de re- Be re- priar		SIGNATURE / /	11	TH	IN.D.	DICAL EXAMINER		22. DATE SIGNED
EPUTY sssary, p funeral ay be ra JNERAL Ith prior	10	EXAMINER'S	D .)4407 - 1(4		AL EXAMINER (ALL EXAMINER) ALL	,	17167
necessary, planecessary, plane	22-	NAME (Type) John Kehoe, M. Burial, Cremation, 23b, Date there		23c. NAME OF CEMETERY OR		23d. LOCATION (C		4-14-67 (Caunty) (State)
the Heal	230	REMOVAL (Spedify)	67		EM. GARDEN.		iny di Tawn)	MAR VLAN
2	2/	SURIA 4 7-11	0 1	ADDRESS IN		D BY REGISTRAR	2Sb. REGISTER'S	SIGNATURA
VR A15ME (5)	1	1	lome	WALDORF.	MD . DATE A	0 0 .00	7 Milia	ves judge
S	17	UNUT I I UN EXACT		, VVIIIOUK F,	DAIL A	111 10 0 11.17	•	- 37

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05597

CERTIFICATE OF DEATH

05597

		0000:	
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
		o. COUNTY Prince George MARYLAND	o. STATE Maryland b. COUNTY Pr. Geo.
H		b. CITY OR TOWN (If outside cornorate limits I c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		write RURAL and give nearest town) Forestville	Seat Pleasant //a /
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
		Regent Nursing Home 8100-Marlboro Pike S	I ON A FARM2
	-	NAME OF First Middle	
		OFFICEASED (Type or print) BARBARA L. Q	STOFANI DEATH April 5th 1967
	S. :	Co / I I I I I I I I I I I I I I I I I I	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 15. UNDER 1 YEAR IF UNDER 24 HRS Nonths Doys Hours Min.
		D. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Housewife Industry	11. 8IRTHPLACE (County & Stote, or foreign country) Hanover, Pennsylvania 12. CITIZEN OF WHAT COUNTRY? USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Michael Lonce	Unknown
			INFORMANT Address
	(76	es, no, or unknown) (If yes give wor or dotes of service) No Kat	harine A. Keller Same as Item #2
H		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)	INTERVAL BETWEEN
H		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	e Alfgrania ONSET AND DEATH
		4/20/ DUE TO 0	
		(conditions, if any, which gove) (b) Conditions, if any, which gove)	Africioney 5-10425
		rise to immediate couse (a), stoting the underlying couse DUE TO	
		last. (c) BENEAM = 3	to ALTEMOSCIEVOSIS 9ES
	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY
5	ATIO		PERFORMED?
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MED	Hour o.m. 19 While Not While of work of work	ory, street, office bldg., etc.)
		21. I certify that (I) (this haspital) getended the deceased fram_	11 , 1960, ta 4/5 , 1966, that (1) (we) ic
1		saw the deceased alive an 4/5/ 1967, and tha	t death accurred at 300 M, fram causes and an the date stated above
		220. SIGNATURE	22b. DATE SIGNED
		Showing to allen M.	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIFFECTOR PHYS.
		22c. PHYSICIAN'S TROMAS F. Cullen Mo	SIO3 MALBORO POND, SE 1009C
	220	D. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
	230	PEMOVAI (Specifu)	
	24	CONTRACTOR OF THE PROPERTY OF	emetery Hanover, Pennsylvania 250. REGISTRAR 256. REGISTRAR'S SIGNATURE
	6	Time Bros. 1661-Good Hope Rd SE Wash	
	40	Timenous pros. root-good nobe ud at wast	DAIL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth

A SHARE THE RESERVE OF THE SHARE THE rance/communication in the communication of the com Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 05598 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) 1. PLACE OF DEATH o. COUNTY Prince Georges Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give neorest tawn) Mt. Rainier Approx.2 wks Cheverly d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) 3716 - 37th St. Prince Georges General Hospital YES NO X 3. NAME OF Middle 4. DATE Month Year Lost Doy DECEASED April 12 19 67 Edna W. Davison DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** 73 birthday) Manths Davs Haurs White X WIDOWED DIVORCED Female 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life even if retired) INDUSTRY Penna. Welfare Educ.& 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Davis N. Wilev Rshbangh Hanna L. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no, or unknown) (If yes give war ar dates of service) Robert, M. Davison 578-32-7670 Mr. Spring, 18. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Doy, Year Haur o.m. factory, street, affice bldg., etc.) Not While While of wark at wark 21. I certify that (I) (this haspital) attended the deceased fram. , 19.67, that (I) (we) last and that death occurred at. M, from causes and on the dote stated obave. saw the deceosed alive on \$/12/67 19 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert

23c. NAME OF CEMETERY OR CREMATORY

director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior ta FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 20 M 1/66

23a. BURIAL CREMATION.

REMOVAL (Specify)

within 24 haurs after death.

executed

requires that the death certificate be

filled in by the f

completely

di

physician a

burial-transit

transit permit. Ihen please rêmôve carbon papers. Pages crematian, ar remaval, and in any event, within 72 hours aft

.Rainier. Home Inc.

67

23b. DATE THEREOF

A. Mendelsohn, M. D.

Meade

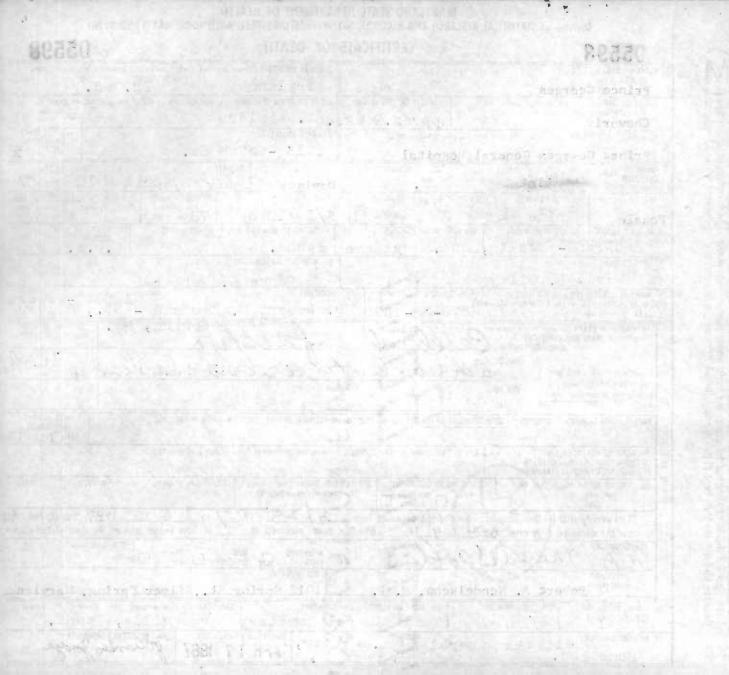
Chapel Cemetery Brookville, 2Sa. REC'D BY REGISTRAR

1012 Spring St. Silver Spring, Maryland

23d. LOCATION (City or Town)

Penna.

(Caunty)

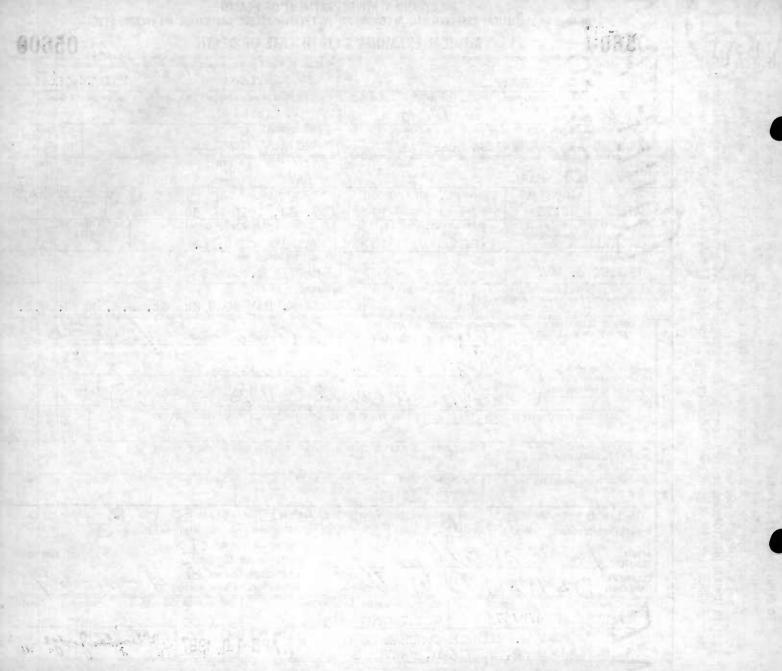


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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05600 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE MARYLAND b. COUNTY o. COUNTY PRINCE GEORGES 0 death. PRINCE GEORGES MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and PM3. after CAMP SPRINGS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS tate De hours along with form 9820 ALLENTOWN ROAD ANDREWS AIR FORCE BASE HOSPITAL YES 8. Give Pages NO Z after deoth. 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED OF EARL E DAY APRIL 6 19 DEATH 67 within (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years **NEVER MARRIED** Months lost birthdoy) Dovs Hours WHITE NOV. 30, 1910 MALE WIDOWED DIVORCED hours Item | 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NDUSTRY** COUNTRY? TELEPHONE COMPANY WASHINGTON D. C. poges pending" in pencil in ef Medicol Examiner's 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME executed within ERNEST E. DAY HATTIE G. STAMP an 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) or removal. ERNEST E. DAY 3009 8th St. S.E. WASH. D.C. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSEL AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' writing the word should cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO certificote 0 stoting the underlying couse burial, WAS AUTOPSY PERFORMED? CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS please execute the certificate. NO 10 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, prior plnous PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While may be retoined for your FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy \(\bigcap_1\), Inspection Inquiry In and in my apinian Natural causes Accident . Suicide . Hamicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNEI NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 4/8/67 WASHINGTON NATIONAL PRINCE GEORGES. MARYLANT 24. FUNERAL DIRECTOR OBERT E. WILHELM FUNDRESS 2So. REC'D BY REGISTRAR 1967 VR A15ME (5)

4308 SUITLAND ROAD, SUITLAND, MARYLAND

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05601 CERTIFICATE OF DEATH executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 20,059 b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 campletely filled in by the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Medical enter md NO YES 3. NAME OF Middle DATE First Lost Month Doy Year DECEASED 6 19 (Type or print) DEATH yeors IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH AGE (In and camp 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY attending physician permit. Then please requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SEM F permit. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (o), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital ar attending physician. DUE TO burial. Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been detached for use as the e Dept. of Health priar ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While 19 ot work ot work pe 21. I certify that (I) (this haspital) attended the deceased fram directar, page 3 shauld should be filed with the and that death occurred at 20AM, fram causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Minarles

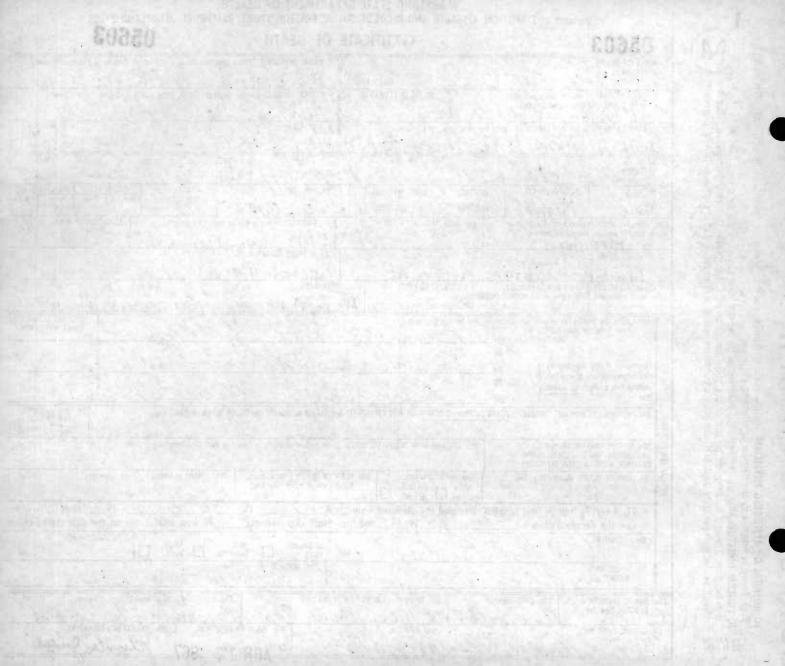
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05602 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission a. COUNTY a. STATE Prince Georges b. COUNTY D.C. MARYLAND rely filled in by the fu-bon papers. Pages I within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Glenn Dale (rural Washington 7 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE filled i ON A FARM? 323 17th Street, S.E. Glenn Dale Hospital law requires that the death certificate be executed within NO X pou 3. NAME OF First Middle DATE completely Lost Month Year Dov DECEASED Bennie Dobson Cor (Type or print) April 12 67 DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS remove last birthdoy) Months any Days Hours Min. Male 10-29-1896 Negro WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? Retired South Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo Isaac Dobson Rena Mules signed by the ottending buriol-transit permit. Th 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service No 609-14-4505 Decedent 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Probable pulmonary embolism IMMEDIATE CAUSE (o) buriol. arteriosclerotic heart disease with congestive Conditions, if any, which gave rise to immediate cause (a). DUF to heart failure, decompensated unknown stating the underlying cause or ottending os the prior to this certificate has been (c) generalized arteriosclerosis unknown lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Pulmonary bullous emphysema and fibrosis; multiple decubiti. 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES T NO far be retained by the hospitol 20g. ACCIDENT WAS LINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) detached f te Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. While factory, street, office bldg., etc.) Not While ATTENDING at work After 21. I certify that & (this haspital) attended the deceased fram. 1967, that \$ (we) last 19 67, and that death accurred at TO FUNERAL DIRECTOR: saw the deceased alive an M. fram causes and an the date stated above should 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 4/12/67 poge 3 M.D. DIRECTOR 22d. ADDRESS Glenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland director, should b 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) HARMONY MEMORIAL PARK PRINCE GEORGE'S COUNTY . MD. 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

DYC Belgand banky? RVAS (indus) sist anolis .S. S . Smatter ab W 125. Glenn male Hospicals Battle E manual Sheet allow the transfer old one yes I artesisociciocic, jenet diamen mid congostive neart Extinte, decomposited utmompionolistica techniques In money will our consequence and the second at the district of the district o 12/61 ALL VIEW NEW YORK Land the Most of the Most of the Land Markett Place Teller, N. P. Gloon Usle, Mary and

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05603 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and completely filled in by the funera sit permit. Then please remove carban papers. Pages I and o. COUNTY c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits. icign and compress. Pagedase remave carban papers. Pagedase remave rarbin 72 hours write RUBAL and give nearest tayin e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET/ADDRESS YES NO 3. NAME OF DATE First Last Month Doy Year DECEASED 196 (Type or print) DEATH S. SEX 9. AGE (In years last birthday) YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Months Days Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY rarmina 13. FATHER'S NAME MOTHER'S MAIDEN NAME cremation, ar remayal Dorses WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. burial, crematian, ar re (Yes, no, or unknown) (If yes give wor or dotes of service 95 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by be retained by the haspital ar attending physician. DUE TO TO FUNERAL DIRECTOR: After this certificate has been signed Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe NO YES for 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar town) 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. factory, street, affice bldg., etc.) Not While at wark shauld be 21. I certify that (1) (this haspital) ottended the deceased fram. and that death occurred at 30M, from causes and on the date stated above saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05604 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Prince George's Prince George's MARYLAND Marvland delay b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Cheverly DOA Landover Hills d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE along with farm ON A FARM? YES NO V Prince George General Hospital 7016 Taylor St. in Item 18. Give Pages 3. NAME OF Middle 4. DATE Month Year DECEASED William Allen (Type or print) Edens DEATH 10 7. MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE **NEVER MARRIED** Manths Days Hours WIDOWED DIVORCED 2 July 1897 white This certificate shauld be executed within 24 haurs male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)

Traffic Manager Trailway Bus co U S A Tennessee e certificate, writing the word "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 72 hours Samuel Edens Nina Kinningham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknawn) (If yes give war or dates af service) 578 05 7020 Beatrice G Edens Landover Hills. Md. ves 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH event PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure DUE TO Arteriosclerotic heart disease over 3 yrs. Conditions, if ony, which gove) rise to immediate cause (o), DUE TO stating the underlying cause 19. WAS AUTOPSY crematian, ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? the certificate, NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 3 shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page ot wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X, and in my opinion Suicide , Hamicide death resulted fram: Natural gauses X Accident ... Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. 4-10-67 Address (Street, city, tawn, ar caunty) 23c. NAME OF CEMETERY OR TOTAL 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) 50 REMOVAL (Specify)
Burial "pril 12, 1967 Ft Lincoln Cemetery Colmar Manor, Pro Geo Md. APR 1 4 1967 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) F. Gasch's Sons Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05605 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Page 5 5 of Prince George's

b. CITY OR TOWN (If outside corporate limits,
write RURAL and give nearest tawn) MARYLAND Maryland Prince George's deloy c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo PM3 Mt. Rainier 4 hrs. 5 min. Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS NO IX YES 3107 Windom Road in Item 18. Give Pages Leland Memorial Hospital 24 hours ofter deoth. 4. DATE OF DEATH Office olong with NAME OF Lost Year Month Doy DECEASED 19 67 Amelia Farley 10 (Type or print) IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours ofter deoth WIDOWED DIVORCED 9 April 1912 White poges lond2 Female 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT derify most of working life, even if retired) COUNTRY? word "pending" in pencil in the Chief Medicol Examiner's Verona 101211 13. FATHER'S NAME MOTHER'S MAIDEN NAME be executed within IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) within INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit event 1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Gastro intestinal hemorrhage writing the word This certificate should cause undetermined) DUE TO ony Conditions, if ony, which gove rise to immediate cause (a). 9 2 DUE TO stating the underlying cause D. forwarded ond lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) removal, YES X the certificote, NO pe pe 2Dg. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should should PRIMARY Or CONTRIBUTING 0 CAUSE OF DEATH. 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) While Not While ot work execute ot work Inspection X Inquiry X, 21. I certify that I taak charge of the remains described above, held an Autapsy X, and in my apinian DIRECTOR: Natural causes [x] death resulted fram: Accident Suicide Undetermined manner funerol director. Hamicide retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE M.D. FUNERAL pe DEPLITY MEDICAL EXAMINER X 4-11-67 Riverdale, Md. NAME (Type) John Kehoe, M.D. may Health Address (Street, city, town, or county) the 250. BURLAN CREMATION 23h DATE THEREOF 0 10 REMOVAL (Specify) FUNERAL DIRECTOR VR A15ME (5)

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No. 18 Committee

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05606 05606 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE Prince George's Prince George's MARYLAND Maryland delay and 3 b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) Cheverly DOA Bowie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADORESS e. IS RESIDENCE ON A FARM? NO X Prince George General Hospital 3904 Cravdon Lane NAME OF Middle Lost 4. DATE Month DECEASED Give Phillip (Type or print) Lawrence Fern DEATH 24 haurs after in Item 18. Give er's Office along NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In veors IF UNOFR 1 YEAR 6. COLOR OR RACE 7. MARRIED lost birthdov) Months WIDOWEO OIVORCEO [5-2-1913 white male 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

DIRECTOR of ADMINISTATION BU AMEDICINIE, U.S COUNTRY? after KANSAS Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within 16. SOCIAL SECURITY NO. 17. INFORMANT J. FERN SAM JAMES FERN IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) SAME AS #2 ward "pending" ithe Chief Medical within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) Heart failure e, writing the ward farworded ta the Ch DUE TO Arteriosclerotic heart disease over 6 vrs. Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPS) remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO Se 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 2De. PLACE OF INJURY (Home, farm, 2Df. 20c. TIME OF INJURY Month, Ooy, Year 2Dd. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection x Inquiry x, and in my apinion Natural couses A. / Accide . Suicide Hamicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL I funeral OEPUTY MEDICAL EXAMINER 4-24-67 Riverdale, Md. John Kehoe, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMAJORY 23d LOCATION (City or Town) 23b. OATE THEREOF 23o. BURIAL, CREMATION, (County) (Stote) SUITLAND, MARYLAND APRIL 26,1967 WASHINGTON NATIONAL 24. FUNERAL DIRECTOR HAMBERS. Co. RIVERDALE, MD 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Melanlas Judge OATE APR 2 8 1967

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TOD STATE	tems 18821 Film 389 MARYLAND STATE DEPARTMENT OF HEALTH 6-19-67 ams division of vital records, 301 w. preston street, Baltimore, Maryland 21201 05607 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
FOR STATE HEALTH DEPT.	PLACE OF DEATH o. COUNTY Prince George's MARYLAND O. STATE D. COUNTY District of Columbia	dmission)
f any delay 1, 2, and 3 t m PM3. Pag	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington	
- v 5 / 6 ///	5810 Cleveland Street 543 23rd. Place, N.E.	S RESIDENCE ON A FARM? NO 1x
after death. Il 8. Give Pages along with far with the State	NAME OF First Middle Lost 4. DATE Month Doy OF OF OF DECASED (Type or print) Mary Durham Fields DEATH 4. 16	Year 19 67 UNDER 24 HRS.
d within 24 haurs after death. If in pencil in Item 18. Give Pages 1, Examiner's Office along with farm. File pages I and 2 with the State Death and 2 haurs after death.	last hirthday) Months Coxs I	Hours Min.
I within 24 haurs n pencil in Item I Examiner's Office File pages I and ? Aurs after deat	Female Negro WIDOWED DIVORCED 7-10-1908 58 YTS. 100. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Domestic 10b. KIND OF BUSINESS OR INDUSTRY North Carolina USA 14. MOTHER'S MANGEN NAME	
d withii in penci Examin File pa	Samuel G. Durham S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) Nancy Wyche 17. INFORMANT Address	
IER: This certificate should be executed within 24 hours after death. certificate, writing the ward "pending" in pencil in Item 18. Give Page hould be farwarded to the Chief Medical Examiner's Office along with fles. should be used as a burial-transit permit. File pages land with the State on, or remaval, and in any event within 72 hours after death.	INTERV INTERV INTERV INTERV INTERV	23rd VAL BETWEEN AND DEATH
ficate shaul ting the wa irded to the as a burial- and in any	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. (b) and bronchial aspiration, mucous (c)	
his certifica ate, writing te farwarded be used as emaval, and	PEI YES	AS AUTOPSY RFORMED? NO
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CAL EXAMINER: execute the certifor. Page 4 shauld of for your files. TOR: Page 3 shaulrial, cremation, ourial, cremation, o	Hour o.m. P.m. While of work of work foctory, street, office bldg., etc.)	n my opinio
O DEPUTY MEDICAL EXAMIN necessary, please execute the the funeral director. Page 4 sh 5 may be retained far your fill o FUNERAL DIRECTOR: Page 3 shealth prior to burial, crematical	deoth resulted from: Notural causes X / Accident , Suicide , Homicide , Undetermined monner ACTUAL CHIEF MEDICAL EXAMINER 22.	DATE SIGNED
O DEPUTY Incessary, plane funeral of may be red o FUNERAL Health prior	SIGNATURE EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 4-17	
TO D heece the S m Heal	23d. Location (City or Town) (County) BREADY LEDCITY Lincoln Memorial Ceme Maryland	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH

MARIEAND STATE DELARTMENT	OI HEALIN
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET	, BALTIMORE, MARYLAND 21201

0200	3		CERTIFICA	IE OF DEATH		05608
1. PLACE OF DEATH						ition: Residence before admission)
o. Compri	nce Georges	3	MARYLAND	o. STATE Md.	b. (Ol	Pr. Geo. C
b. CITY OR TOWN	(If autside carparate limits, and give nearest tawn)	c, Ll	ENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside carparate limits, write RI	JRAL and give nearest town)
Mt. R	ainier		63 yrs.	Mr. Ra	ainier	16.1
d. NAME OF HOS	PITAL OR INSTITUTION (If not i	in haspital, give st	reet address)	d. STREET ADDRESS		e. IS RESIDEN ON A FARI
4206	29th Street			4206 2	9th Street	YES NO
3. NAME OF DECEASED (Type or print)	Edward First	Jerome	Middle Flynn	Last	4. DATE Mor OF DEATH April	25 196
S. SEX		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost pirthday)	Months Days Hours
Male	White	WIDOWED	DIVORCED [3-22-02	65 yrs.	monnis Doys Hours
during most of working	ON (Give kind of work done og life, even if retired)	10b. KIND OF INDUSTR			y & State, ar fareign country) ngton D.C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	rd Flynn			Margare	t Mannix	
Yes, no, or upknowr	VER IN U.S. ARMED FORCES? (If yes give war ar dates af s	ervice) 717-	SECURITY NO. 17 07-8480 E	INFORMANT	Add	rdale, Md. aughter 0 in-1:
stating the unitest. PART II. OTHER	ny, which gave (b) (b) ate cause (a),		CETCH	O THE TERMINAL DISEASE CO	DIDLETON GIVEN IN PART 1(0)	19. WAS AUTOPS
CATIO	AS UNDERLYING	DIAN	bells	Mille	Port I or Port II of item 18.)	PERFORMED' YES NC
OR CONTRIBUTION	IG CAUSE OF DEATH Y MEDICAL EXAMINER)					
Haur'	p.m. 19	at wark L	Nat While at work	PLACE OF INJURY (Hame, far actary, street, affice bldg., et	(.)	(Caunty) (Sto
	tify that (I) (this haspit deceased alive on	tal) attended t	he deceased fram. 1967, and th		1954, ta <i>GYN 9.</i> t 7 M, from causes	and on the date stated o
22a. SIGNATUR	LW	male	m	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PAYS.	22b. DATE SIGNED
22c. PHYSICIAN NAME (Ty		MAL	M 14-	22d. ADDRESS	wirdale	mux:
230. BURIAL, CREMA REMOVAL (Spec BUT 18	TION, 23b. DATE THERE $4/28/6$		name of CEMETERY C		23d. LOCATION (City or I	
24. FUNERAL DIREC	TORNallev's I	uneral	ADDRESSWIT R	ainier 25a. REC	D BY REGISTRAR 2Sb.	PEGISTRAP'S SIGNATIMPE
Home Inc	Natrea a	runeral	Marylan	d parks	Y 1 1967	Clientes Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Suneral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05603 CERTIFICATE OF DEATH 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH and completely filled in by the funeral remave carban papers. Pages I and PRINCE GEORGE'S GEORGE'S MARYLAND b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
ANDREWS AIR FORCE c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANDREWS AIR FORCE BASE AIR FORCE BASE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hin 72 USAF HOSPITAL ANDREWS V00 1350-6 YES NO X law requires that the death certificate be executed within 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED 67 APRIL BENJAMIN DELAHAUF FOULOIS 19 (Type or print) DEATH S SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours MALE CAUCASIAN WIDOWED X DEC 1879 DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? egse during most of working life, even if refired)
OFFICER U.S.AIR physician of the please FORCE WASHINGTON . CONN . 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNKNOWN HENRY FOULOIS 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2515 R ST.S.E. WASHINGTON D.C. 579-60-2054 MARY K REEVES-GRAND NIECE (Yes, no, or unknown) (If yes give war or dates of service)
YES 1899-1935 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (6) DUE TO 6 MONTHS Conditions, if any, which gove MULTIPLE CEREBRAL INFARCTIONS rise to immediate couse (a), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the 6 MONTHS CEREBROVASCULAR DISEASE 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use **PNEUMONIA** NO X YES [far 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B.) be retained by the haspital detached (City or town) (County) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While at work shauld be 1966 to 25 APR , 1967, that (X (we) last 21. I certify that (K (this haspital) attended the deceased fram 19 SEP saw the deceased alive an 25 APR 19 67, and that death accurred at 4:05PM, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING X PHYS. M.D. DIRECTOR 22d. ADDRESS USAF HOSPITAL ANDREWS 22c. BHYSICIAN'S NAME (Type) CHARLES D CAPT USAF MC ANDREWS AFB. WASHINGTON DC 20331 director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, Removal (Specify) Washington Cemetery Washington. 27-1967 Conn Sons, The 25a. REC'D BY REGISTRAR DIRECTOR GE Gawler' VR A15 (4) 20 M 1/66 1967 MAY 2 Ave.

THE RESIDENCE OF THE RE SHARTH ALTHURANCE OR THE PROPERTY. A 1981 2 YAM

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutt a. COUNTY b. COUNTY FAIRFAX PRINCE GEORGE MARYLAND b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN IN c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ALEXANDRIA 1 DAY ANDREWS ATR FORCE BASE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOSPITAL ANDREWS USAF 303 Princeton Blvd YES NO Z 3 NAME OF First Middle 4. DATE Month DECEASED OF 1967 APRIL 9 FROST (Typa or print) ROBERT DEATH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Hours Min. MALE DIVORCED WIDOWED T 55 21 JUN 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) U.S.A. FORT DODGE, IOWA U.S.ATR FORCE OFFICER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY L. FROST FREDERICK R 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgiva war or dates of service) WIFE, SAME AS RET -196018. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Respiratory I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (HICINOMA DUE TO Meta static Conditions, if any, which gava rise to immadiata causa DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) Month, Dev. Year factory, street, office bldg., atc.) While Not While Hour e.m. at work at work saw the deceased alive on App A. M. Jan and that death occurred at 1. M.M., from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED 10 Apr 1967 PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN 22d. ADDRESS Hospital Andrews CAPT MITCHELL. Andrews AFB, Wash DC 20331 (State) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Virginia Arlington. 0 3April1967 Arlington National Buria Alexaraphresha. Virginia 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Muarles 15M 7/61 Everly-Wheatley Funeral Home

OFFICER AMOI . SERVE FORCE . FORT BODGE . TOMA . . U.S.A. the state of the s THE STITE SHEEKER The second of the second MOREST L. MITCHERT. CART USAF MC Andrews ALS, wash DC 20034 mergin - respecting of the contract of the con era com en talmata tito, combanas dan es de mora men

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05611 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince George's o. STATE Tyland Prince George's ond 3 to P.M.3. Page MARYIANO delay i b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)

Cheverly c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b. DOA Clinton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS form 99 Prince George's Hospital NO T 9425 Michael Drive Give Pages 24 hours ofter death. NAME OF 4. DATE OF Year DECEASED Frederick April Marion 67 Frye Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS B. OATE OF BIRTH 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO birthdoy) Months Days in Item 18. Aug. 31, 1895 white male WIOOWEO OIVORCEO Office 11. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT EDUNIBY? A INDUSTRY Virginia 72 hours ofter Chief Medical Examiner's This certificate should be executed within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil William Martin Frye Florence Magnolia Matthews .⊆ 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 577-56-9403 Allen S. Frye-1326 Canyon Rd. Silver within . IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH any event Heart failure IMMEDIATE CAUSE (o) writing the word 4200 DUF TO Conditions, if ony, which gove 16 years Arteriosclerotic heart disease rise to immediate cause (a), 4 should be farworded to = OUF TO stoting the underlying couse pup OS lost. be used 19. WAS AUTOPSY PERFORMEO? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2 pleose execute the certificate, NO X 20o. EXTERNAL CAUSE WAS 20b. OFSCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part 11 of item 1B.) 3 should PRIMARY OF CONTRIBUTING 0 CAUSE OF OEATH. cremotion, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Ooy, Year Hour o.m. foctory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection x, Inquiry ox ond in my opinion Suicide [deoth resulted from: Natural courses X / Accident Undetermined manner Homicide CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior 4-29-67 OEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D. Address (Stredain town, Manualy) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, DATE THEREOF (County) (Stote) 0 REMOVAL (Specify) Suitland, Washington National Md/ em. buria 2So. REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Hines Owmpany VR A15ME (5) Washington, 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. CDUNTY Pages 1 urs after GEORBES MARYLAND (FEORGES RINCE INCE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) letely filled in by 1 rbon papers. Page , within 72 hours a BRENTWOOD BRENTWOOD e. IS RESIDENCE d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 24 3900 REET NO X YES 3000 completely inve carbon prevent, within within 3. NAME DE DATE Month Day Year First Middle Last DECEASED APRIL 181 DEATH 1967 (Type or print) RTRIODE BBISN executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ SEX 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH and cor NEVER MARRIED 9. ally By last birthday) Months 1 Days Hours 23 PAUCASIAN FEMALE DIVDRCED [WIDDWED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician n please r val, and in 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) INDUSTRY COUNTRY? BUNA. FRN death certificate Then pl FATHER'S NAME 14. MOTHER'S MAIDEN NAME BBONS OHN RESA ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT Address 16. SDCIAL SECURITY ND. MOZI (Yes, no, or unkown) (If yes pive war or dates of service) SAME MARGARET NONF INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed the burial, c DUE TO Conditions, If any, which gave rise to immediate as the prior to **DUE TO** cause (a), stating the underlying cause last. (c) 19. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO X the hospital or YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: this cerum detached for DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) be detached State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) should be Hour a.m. While Not While ATTENDING at work at work p.m. DIRECTOR: A age 3 should led with the 3 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22å, SIGNATURE 22b. ATTENDING D MÉD. DIRECTOR page STAFF M.D. PHYS. HOSPITAL PHYSICIAN'S NAME (Type) 22d. ADDRESS FUNERAL 22c. TO FUNERAL director, p LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION. 23b. DATE JAEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) WHEATON 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 20M 1/65

* 1

Manager Carl

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE HEALTH DEPT. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before

FOR-SI	ATE		05614	MEDICAL EXAMINER 3	CERTIFICATE OF D	EATH UT	DT#
HEALTH	DEPT.	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where of	deceosed lived, if institution: Resid	lence before odmission)
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del nd 13.	me		write RURAL and give nearest tawn)		i i	orporore limits, write KUKAL ond g	give neorest town)
y de 2, ond PM3.	tub on		Cheverly I. NAME OF HOSPITAL OR INSTITUTION (IF I	DOA	Mt. Rainier		16.1
5 TE	99		I. NAME OF HOSPITAL OR INSTITUTION (If n	nat in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
es far	2 -		Prince George Ger	meral Hospital	4229 30th. St	reet	YES NO 🔀
deoth. e Poges with fo	Le Store Department	3.	NAME OF	irst Middle	Lost 4. D	ATE Month	Doy Year
× ×	是一人		DECEASED (Type or print) Robe	ert Anthony	Gillis	EATH L	3 19 67
ofter deoth. I 8. Give Poges olong with far	with.	S.		7. MARRIED NEVER MARRIED	12 NOV.		ER 1 YEAR IF UNDER 24 HRS.
hours ofter deoth. If of Item 18. Give Poges 1, Office olong with form	× ±	1	Male White	WIDOWED DIVORCED	24-A-1 7078	lost birthdoy) Months	Doys Hours Min.
hours Item 1 Offlice	lond2 v er death	100	USUAL OCCUPATION (Give kind of work done	e 10b. KIND OF BUSINESS OR	24-Oct. 1918 11. BIRTHPLACE (State or fore	eign country) 12.	CITIZEN OF WHAT
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within pencil xamine	ile pages hours oft		Unknown		Unknow	n	
d wi	Library .	15	WAS DECEASED EVED IN ILS ADMED EDDOES	? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
in ted	permit. Fi	(Ye	s, no, or unknown) (If yes give war or dotes	of service) 494-30-7526M1			(apantha a
ding	ithir				ra. Allenia	(Wife)	
be executed within "pending" in pencil ief Medical Examine	tronsit permis event within		18. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY:	buse per line for (o), (b), and (c).)		(MITTE)	INTERVAL BETWEEN ONSET AND DEATH
be hie	ven		IMMEDIATE CAUSE	(o) Heart failure			minutes
the word to the Ch			4200 DUI	E TO Arteriosclerotic h	neart disease		over 3 mo.
sho e v	ony		Conditions, if ony, which gove rise to immediate couse (a),	(b)			
d the	- Bank		stating the underlying cause	E TO			
fice	os d oud		lost.	(c)			
s certificate should be executed within 24 s, writing the word "pending" in pencil in forwarded to the Chief Medical Examiner's	used Jovol,	N	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
	uld be used or removol,	CERTIFICATION					YES NO X
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R: ertire			CAUSE OE DEATH.				
execute the cert or. Page 4 should	Poge 3 sho	MEDICAL	20c. TIME OF INJURY Month, Doy, Year			20f. (City or town)	County) (Stote)
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AL exe	ECTOR: buriol,				icide , Homicide .	Undetermined monner	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05615 05615 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH b. COUNTY Prince George a. COUNTY o. STATE Maryland Prince George campletely filled in by the fur MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Hyatts Ind give nearest tawn) Hvattsville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 4208 Farragut Street 4208 Farragut Street NO P YES 3. NAME OF 4. DATE April 26, Day GLÖVER CATHARINE DECEASED (Type or print DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED rentemen White post birthday) Manths Days Feb. 9, 1882 Haurs Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U COUNTRYS. doming most of working life, even if retired) New York OWIT Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Catharine Conklin Judson Wakeman 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, go, or unknown) (If yes give war ar dates of service) 525 54 4048 Mrs. Catharine Marsden Same as #2 (daught INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Orterior Cleroni Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DO YES for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20e. PLACE OF INJURY (Hame, farm, (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark pe be retained by 1964, to 4-26 21. I certify that (I) (this hospital) attended the deceased fram. 1967, that the (we) last 1967, and that death occurred of TA, M, fram couses and on the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S RCHNER NAME (Type) directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY Pohick Church 23b, DATE THEREOF 4/28/67 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, Bu HENCE L (Specify) 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death Iner PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Prince Georges Maryland by the MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) bon papers. Pag within 72 hours Brandywine unknown Brandywine = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS Residence. Box 276 A. Rt 276A Route 2 Brandywine No.K YES etely carbon NAME OF Middle DATE Month Year Last DECEASED OF and completed remove carb any event, 1 1967 Gladys Melvina Graff (Type or print) DEATH executed 6. COLOR OR RACE | 7. MARRIED Y NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | Months | Days IF UNDER 24 HRS in any Mhite female WIDOWED | DIVORCED Aug. 30,1892 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY physician a 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? and U.SA. neltaville. Va. certificate Housework Dwn Home removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME (unknown) Melvina Aaron Backson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1301AdDrestnell Rd. 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the atten the burial-transit permit. or to burial, cremation, or it death (Yes, no, or unkown) (If yes give war or dates of service) 1//////// Unknown Mrs. Ella L. Burns Severna Park. Md. No the INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per-line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating r this certificate has b detached for use as t te Dept. of Health prior underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. FUNERAL DIRECTOR: After irector, page 3 should be do nould be filed with the State Not While OR ATTENDING F at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 32 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. DIRECTOR PHYS. Page 4 may 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 4/28/67 Glen Burbie, Md. Glen Haven Mem'l Park Burnial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Melanles 1967 VR A15 (4) R.V. SINGLETON. GLEN BURNIE. MD. 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05618 requires that the death certificate be executed within 24 hours after death physician ond completely filled in by the funeral en please remove corbon papers. Poges 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours and give nearest town) remove corbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 72 YES NO F NAME OF Middle 4. DATE event with Month Year First Lost Doy DECEASED oraham (Type or print) DEATH 1960 1 YEAR IF UNDER 24 HRS. 9. AGE (In years IF UNDER S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED lost birthdoy) Months Hours ond in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) ROS cremation, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by DUE TO signed l Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse use os the lath prior to b be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION with the State Dept. of Health YES NO PHYSICIAN: for 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While 19 OR ATTENDING ot work pe 21. I certify that (I) (this haspital) attended the deceased fram. should and that death accurred ay 2:34 M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS be filed 22d. ADDRESS PHYSICIAN'S NAME (Type) director, should 23b. DATE THEREOF 23C NAME-OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05619 requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits.) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) iNI e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES NO within NAME OF DATE Year Last Doy DECEASED 196 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours WIDOWEO D DIVORCEO 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or fareign country) COUNTRY? during most of working life, even if retired), **INOUSTRY** HOUSE Wit 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Corn 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 20031 (Yes, no, or unknown) (If yes give war or dotes of service) VERNON 2900 St CLAIR INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), burial-transit ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause the hospital or attending as the **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law ra Page 4 may be retained by the hospital or attending **TO FUNERAL DIRECTOR:** After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT JAD T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES NO TO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH **t**o detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) 20d. INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg., etc.) Not While at work at work 21. I certify that (1) (this haspital) attended the deceased fram 2-27 1967, to 4-13 _, 1967, that (I) (we) last 7, and that death accurred at 11:38M, from causes and on the date stated above. saw the deceosed alive on_ 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** OIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	e PITAL OR INSTITUTION (If no eland Memori	, , ,		d. ST	entwood REET ADDRESS D6 Banne:	r St.re	ot.			ON A FARM
3. NAME OF DECEASED (Type or print)		rst	Middle		last	4. DATE OF DEATH	Mar 4	nth	Doy 8	Year 19 6
s. sex	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE	OF BIRTH	9.	AGE (In years last birthday) 71 yrs.	IF UNDER Manths	1 YEAR Days	IF UNDER 24 Haurs
10o. USUAL OCCUPATI during most of workin LABORE	ON (Give kind of work done ng life, even if retired)		D OF BUSINESS OR USTRY	11.B	aryland	& State, or fore	ign country)		ITIZEN OF DUNTRY?	WHAT U.S.
13. FATHER'S NAME JERMI	AH GREET	N			OTHER'S MAIDEN I	AME			811	
1S. WAS DECEASED E (Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give war or dates o	of service)	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	INFORM ospi	O L CLULC	tte Ran	JUGLL	ress san	ne ad	ldress
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2		Dela	DEATH BUT NOT RELATED TO		C. The L				19. YE	WAS AUTOPS PERFORMED? S NO
	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE). (Enter n	ature of injury in I	Part I ar Part	II af item 18.)			
Haur.	NJURY Manth, Day, Year a.m. p.m. 19	20d. 1N. While at wark	Not While f		JURY (Hame, farm et, office bldg., etc.)		(City ar tawn)	(Co	iunty)	(Sta
	tify that (I) (this has deceased alive an_	pital) attend	ed the deceased fram_ 1967, and th	at deat	n accurred at	967 ta	from causes	and an t		at (I) (we stated a
22a. SIGNATUR	< W/1,	Wall	m	A.D. PH	rs. L4	MED. DIRECTOR [STAFF PHYS.	220.0	ATE SIGNE	196
22c. PHYSICIAN NAME (Ty		MAI	IN MI	21"	Ad. ADDRESS	uere	lale	2 17	ne	d.
23a. BURIAL, CREMA REMOVAL (Spec	ify) 1. 100 1	EREOF	23c. NAME OF CEMETERY O				ATION (City or T		(County)	(Stote
24. FUNERAL DIREC	on To Rhouse	· 61 - 3	ADDRESS 015-12 et. 714			BY REGISTRA	967 25h	Clark Control	SIGNATUR	der

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave calbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deaf

Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay 15 o. COUNTY o STATE b COUNTY Page Prince George's
b. CITY OR TOWN (If outside corporate limits, Prince George's MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 P.M3. write RURAL and give negrest tawn) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) Lanham IS RESIDENCE ON A FARM? d. STREET ADDRESS the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 should be farwarded to the Chief Medical Examiner's Office along with farm NO IX 7414 Wilhelm Drive YES 24 haurs after death. I Prince George General Hospital Middle 4. DATE NAME OF Tost Month Dov Year DECEASED OF William 19 67 (Type or print) Elbert Grover DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 8 DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED last birthdoy) Months Hours Dovs WIDOWED DIVORCED haurs after death 2-6-1901 66 male white 10o. USUAL OCCUPATION (Give kind of work done 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY MOTION PICTURE INDY WASHINGTON, D.C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate shauld be executed within SAUER ROVER LILIAN 17. INFORMANT MARION T. GROVER Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) SAME AS 577076158 within / 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN hours DEATH PART I. DEATH WAS CAUSED BY: event IMMEDIATE CAUSE (6) Heart failure over 1 yr. Arteriosclerotic heart disease any Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY remaval PERFORMED? NO X Diabetes - over 18 yrs. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 3 shauld 10 PRIMARY Or CONTRIBUTING CAUSE OF DEATH crematian, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page ot work ot work Inspection X Inquiry X 21. I certify that I taok charge of the remains described above, held an Autapsy , and in my apinian Natural causes 1 Adident funeral directar. death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4-18-67 NAME (Type) John Kehoe, M.D. Riverdale, Md. Health Address (Street, city, town, or county) 23d. LOCATION (City or Town) 23b. DATE THEREOF 0 EM GEDAR HILL SUITLAND, MARYLAND APRIL 20, 1967 W. W. CHAMBERS, CO. RIVERDALE, MARYLAND. 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) ¥ Miarles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05623 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAFE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY ty delay is 2, and 3 to PM3. Page o. STATE Prince Georges b. COUNTY Prince George MARYLAND he State Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (tf outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN th 64 days Mt. Rainier Lanham d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? se certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 's should be forwarded to the Chief Medical Examiner's Office along with form 3727 36th St. Magnolia Gardens Nursing Home YES NO Ty This certificate should be executed within 24 hours after death. 3. NAME OF 4. DATE Month Dov Year DECEASED (Type or print) William Gscheidle 19 67 DEATH IF UNDER 1 YEAR 7. MARRIED T 8. DATE OF BIRTH 90 (In years 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED Months 24 Dec., 1876 WIDOWED event within 72 hours after death DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired - U.S.Govt. Dep. Agriculture U.S.A. Penna. 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Emma Schelle William Gscheidle 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 217-52-6049 Mrs. Rose E. Gscheidle (above add-(Wife) ressi INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) MAETANDERTH PART I. DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (o) DUF TO in any Conditions, if ony, which gove Arteriosclerotic heart disease Over 10 v rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removal, Intertrochanteric fracture of left femur NO TX 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH Fell in living room of home cremation, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) 1619 67 While Not While to ot work Same as #2 Home 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian FUNERAL DIRECTOR: death resulted fram: Natural causes . / Accident . Suicide Undetermined manner be retained CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-28-67 DEPUTY MEDICAL EXAMINER John Kehoe, M.D., **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23h. DATE THEREOF 23d. LOCATION (City or Town) (County) 50 REMOVAL (Specify)
Burial Fort Lincoln Cem. Colmar Manor, Md. MAY 2 REGISTRAR ADDRESSMt. Rainier, 24. FUNERAL DIRECTOR Nallev's VR A15ME (5) 1967 Maryland Funeral Home Inc.

OSC22 medical call, and another the THE CAME SECTION AND ADDRESS OF THE PARTY OF and all the same in the case of the case o - Charles and the control of the con . The contract of the state of The state of the second of the CALL DESCRIPTION OF THE SAME STATE OF THE SAME S

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) attending physicion and completely filled in by the funero permit. Then please remove carbon papers. Pages I opd a. COUNTY b. COUNTY o. STATE Prince Georges Maryland MARYLAND Prince Heorges b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Mt. Rainier Cheverly. 118 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Madnollia Nursing Home Prince Georges General Hospital YES \ NO P 3. NAME OF Middle 4. DATE Lost DECEASED (Type or print) DEATH Margaret Hageage S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED B. DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Hours WIDOWED DIVORCED Female White 20 July 1887 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
HOUSEWITE INDUSTRY COUNTRY? U.S.A Lebanon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nasaralla Nofil Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1627 - Drexel 50 Mr. Edmond Hageage No None Takoma_Pk 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN (Son) buriol-transit ISET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse the hospitol or attending os the prior to FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO -20 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. Nat While foctory, street, affice blda., etc.) at wark ot wark Page 4 may be retoined by 21. I certify that (1) (this hespited) attended the deceased from 19 to April 17 1967, that (1) (was last saw the deceosed olive on April 17. 1967, and that death occurred at 40A M, from causes and an the dote stated abave. 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 3408 Rhode Island Ave. Mt. Rainier. Md. Levitsky 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAD (Specify) 20/67 Fort Lincoln Com. Colmar Manor. Md. 2Sb. REGISTRAR'S SIGNATURE Funeral ADDRESSMt . Rainier 250 ARES BY REGISTRAR VR A15 (4) Charlen Maryland 20 M 1/66 DATE The.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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IS RESIDENCE ON A FARM?

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IF UNDER 24 HRS.

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law requires that the death certificate be executed within 24 hours after death campletely filled in by the funeral nave carban papers. Pages 1 and y event, within 72 haurs after deaty PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Prince George Prince George MARYLAND c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b Lannam give neorest town) Glenn Dale d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Prince George General Hospital Box 416 3. NAME OF First 4. DATE Month DECEASED Henrietta Kerr Hall April 6, (Type or print) DEATH 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remaye (Stoirthdoy) Months Aug. 21, 1881 Female White in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician c during most of working life, even if retired) U. Bust Government Ufour RY?A. Prince George, Md. attending physic permit. Then ple ian, ar remaval, a 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Richard Henry Hall Henrietta Spalding 17. INFORMANT Evelyn IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes no or unknown) (If yes give wor or dates of service) Miss Eva Hall Same as #2 (sister) 220 44 8349T crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) the signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by the haspital or attending physician. DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Health YES TO FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram_ be retained saw the deceased alive an words 2 51962, and that death occurred at F3.7M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Don B Cameron Mt. Rainier, Md. 23b, DATE THEREOF 4/8/67 23c. NAME OF CEMETERY DR CARMATORY
Holy Trinity Church 23o. BURIAL, CREMATION, Collington (City or Town) BurMOYAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Francis Gasch's Sons Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05626 PLACE OF DEATH 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) and a. CDUNTY b. COUNTY MARYLAND filled in by the papers. Pages hin 72 hours afte b. CITY OR TOWN (if outside Porporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Upper Marboro d. NAME of HOSPITAL OR INSTITUTION (if not in hospital, give street address) Box 3139 Chew. Road completely to The law requires that the death certificate be executed within 3. NAME DE First Middle Last DATE Month 4. DECEASED (Type or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months 1 M WIDOWED attending physician a ermit. Then please re on, or removal, and in = 1Da. USUAL OCCUPATION (Give kind of work done ! 1Db. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Maryland retired 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Mary Forbes William Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address transit permit. 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) 8608 Willow Ave, Upper Marlboro Maryland INTERVAL BETWEEN 18. CAUSE DF DEATH | Enter only one cause per line for burial-transit burial, crema signed by PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which gave rise to Immediate the to DUE TD cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hither than the certificate his of Health part. 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) FOR: After the should be defined the State [factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hespital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 21 132M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE page DIRECTOR FUNERAL PHYSICIAN'S 22d. ADDRESS director, p 23d. LOCATION City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF CEMETERY OR CREMATORY 23a. 9 REMDVAL (Specify) Washington, D.C. Olivet Cemetery REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. uneral Serviowashington. D. C. VR A15 (4)

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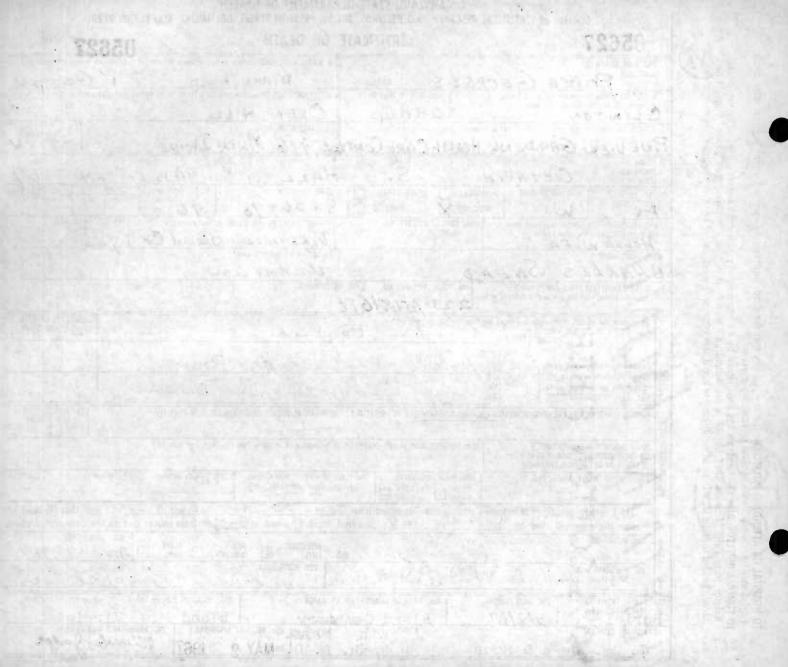
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05627 The low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY PrINCE GEORGES MARYLAND in by the Pages b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) 23 LINTON e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM? CENTS05916 YES NO V 4. DATE Manth NAME OF Year DECEASED OCTAVIA Pr.L 19 DEATH even please remove cq IF UNDER 1 YEAR 9. AGE (In years SEX DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Haurs removal, and in ony DIVORCED 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BJRTHPLACE (County & State, ar fareign country) 10a, USUAL OCCUPATION (Give kind of work dane during mast af warking life, even if retired) **COUNTRY?** INDUSTRY HOUSE WIFE MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ng, grunknawn) (If yes give war ar dates of service INTERVAL BETWEEN far (a), (b), CAUSE OF DEATH (Enter anly ane cause per line PART I, DEATH WAS CAUSED BY: signed by the buriol-tronsit p IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause Page 4 may be retained by the hospital or ottending OFUNERAL DIRECTOR: After this certificate has been so for use as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased from Jan. 30 1967, to Aleri'l 1967, and that death occurred at 925 M, fram causes and an the date stated above. saw the deceased olive an April 29 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS and PHYSICIAN'S NAME (Type) Heir director, should be 23g. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 23b. DATE THEREOF Burial (Specify) Bland Bland Cemetery Virginia 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Mass ocharles VR A15 (4) 20 M 1/66 J. Wm. Le e & Sons



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05628 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b COLINTY 0 Prince George's Maryland Prince George's MARYLAND delay b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3. write RURAL and give nearest town) Cheverly DOA Hillside d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS with farm be executed within 24 hours ofter death. I "nending" in pencil in Item 18. Give Poges Prince George's General Hospital 52nd Avenue NO X NAME OF Lost 4 DATE Month Year Doy DECEASED William Hamilton 20 19 67 Edward (Type or print) DEATH word "pending" in pencil in Item 18. Give the Chief Medical Exominer's Office along, IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months birthdoy) Hours 6-16-35 white WIDOWED DIVORCED within 72 hours after deoth male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired) tation Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert E. Hamilton Alice Akers permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Mabel E amilton same 2.D INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH event Pulmonary edema IMMEDIATE CAUSE (o) This certificate should writing the word DUE TO ony Conditions, if ony, which gove Status epilepticus AMINEN.

the certificate, writing to the forwarded to the rise to immediate couse (a). and in DUE TO 0 stoting the underlying couse Cerebral dural adhesion (right temporal lobe) last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, YES X NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should 0 PRIMARY Or CONTRIBUTING CAUSE OF DEATH. cremation, MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Page . Hour a.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that I tack charge of the remains described obove, held an Autopsy X Inspection X Inquiry X and in my opinian FUNERAL DIRECTOR: the funerol director. deoth resulted from Notural causes Suicide Undetermined manner Homicide retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 4-22-67 moy be DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth | NAME (Type John Wehoe M.D., Riverdale, Maryland Address (Street, city, tawn, ar county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) 0 Alexandria, National 4.25.67 Alexandria. Virginia 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) Melanley Lee Funeral Home 300.4th st N E 6M 1/67

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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
AL RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARY

DIVISION OF, VITAL RECORDS, 301 W., PRESTON, STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05623 05629 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
a. STATEMarvland
b. COUNTY Prince George's PLACE OF DEATH o. COUNTY Prince George's MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)

Cheverly c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 Hour. Edmonston d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) J.STREET ADDRESS e. IS RESIDENCE ON A FARM? 5001 Crittenden St. Prince George's General Hospital YES NO 3. NAME OF 4. DATE April DECEASED Charles Francis Hammett (Type or print) 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED 68 last birthday) June 2, 1898 Haurs White Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) U.S. Government COUNTRY? A. Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allen Hammett Jennie Hartley 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY-NO. 17. INFORMANT Army (If yes give war or dates of service) Mrs. Bertha V. Hammett Same as #2 (wife 215 26 0443 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) 4301 DUE TO Canditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Manth, Dov. Year (City or town) (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While 21. I certify that (1) (this hospital) attended the deceased from and that death occurred of 13 sow the deceosed alive on_ M, from couses and on the dote stoted obove. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR CHYSICIANS ADDRESS NAME (Type) USSEY

230. BURIAL, CREMATION, BURMPYAL (Specify) 23b. DATE THEREOF 5 / 2 / 67

23c. NAME OF CEMETERY OR CREMATORY
Baltimore National

23d. LOCATION (City or Town)

Baltimore Bal

Town) (County) (State)
Baltimore Md.

24. FUNERAL DIRECTOR

Francis Gasch's Sons Hyattsville, Md.

ADDRESS

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25b. REGISTRAR'S SIGNATURE
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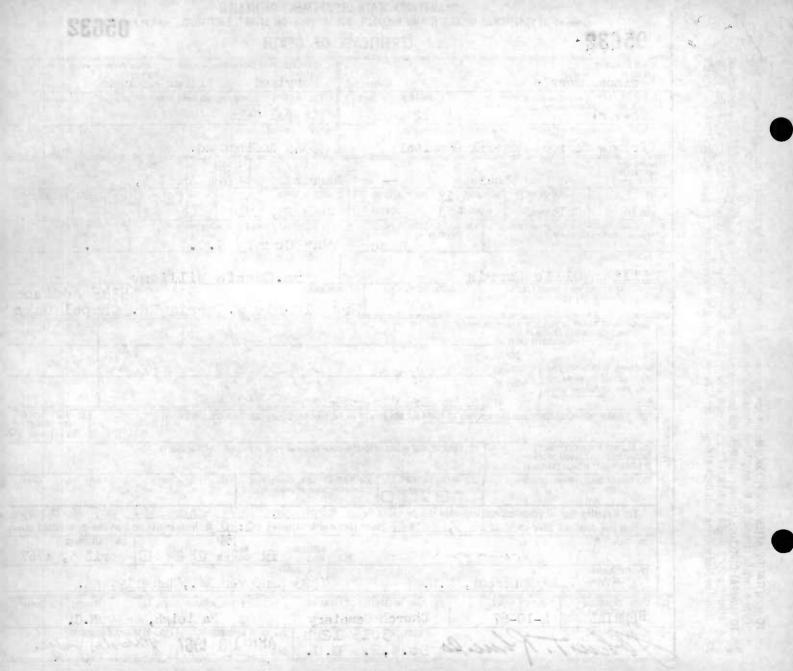
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film #G388 CERTIFICATE OF DEATH 05631 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Resider o COLINTY b. COUNTY Prince Georges o. STATE MARYLAND Maryland Prince Georges

b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) attending physician and completely filled in by the 1 permit. Then please remave carban papers. Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. Bladensburg 13 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 4110 - 46th Place YES NO T Prince Georges General Hospital 3. NAME OF 4. DATE Middle Lost Month Dov Year DECEASED Harris Helen April 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours ONA WIDOWED T 7/17/1988 DIVORCED Female Colored 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? pup HOUSE WITC 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMAN (Yes, no, or unknown) ((If yes give wor or dates of service) permit. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH exchoprascolas Cardanta IMMEDIATE CAUSE (o) DHE TO signed Conditions, if ony, which gove arteriosclavosis rise to immediate couse (a). DHE TO stoting the underlying couse as the has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? neumonitis NO YES Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH d. detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) ot work ot work 21. I certify that ***(this haspital) attended the deceased from April 1. 1967, to April 14., 1967, that **(we) last saw the deceased alive an April 14. 1967, and that death accurred at 1:15 AM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE deen PHYS. x Abril 14,1967 M.D. DIRECTOR director, page should be filed PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Prince Georges General Hospital Edwin J. Jensen, M.D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230. (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 22/2012 05632 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a COUNTY Prince Georges Prince Georges papers. Pages 1 a hin 72 hours after d MARYLAND requires that the death certificate be executed within 24 hours after and completely filled in by the remove carban papers. Pages b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Cheverly c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 12 days Chapel Oaks d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 5345 Addison Rd. YES NO [3 NAME OF Middle Lost 4. DATE Month Year Day DECEASED 1967 Harris Louis April 5. (Type or print) DEATH IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED TOT 8. DATE OF BIRTH NEVER MARRIED last birthday) Months Days Colored June 23, 1918 WIDOWED DIVORCED Male 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ar removal, and in COUNTRY? during mast af warking life, even if retired) INDUSTRY Way County N.C. Labor 13. FATHER'S NAME William Ollie Harris Mrs. Bessie Williams Address 5345 Addison 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes af service) 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Mrs Blannie M. Harris Rd. Chapel Oaks INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO X far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. 2Dd. INJURY OCCURRED factory, street, affice bldg., etc.) Nat While While of work ot wark 21. I certify that (I) (this hospital) attended the deceased from March 24, , 1967, to April 5, , 1967, that (I) (We) last 19 67, and that death accurred at 2:30 M, fram causes and an the date stated above saw the deceased alive on April 5. MED. DIRECTOR 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING April 5, 1967 directar, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S Landover Rd., Cheverly, Md. NAME (Type) Amir Banisadr, M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) Church Cemetery Ra leigh. 4-10-67 N.C. 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 12th VR A15 (4) 20 M 1/66 St.N.E. D.C.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 05632. USUAL RESIDENCE (Where deceased lived, if institution: Residence there admission) 1. PLACE OF DEATH b. COUNTY Prince George's o. COUNTY o. STATE Prince George's Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)

Cheverly c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 55 days Fairmont Heights d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 5905 Lee Place YES NO I 3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED Charles D. Harrison (Type or print) DEATH April 19 67 S. SEX 6. COLOR OR RACE X 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 7. MARRIED NEVER MARRIED 6 gst birthdoy) Months Dovs Hours Colored 4/27/98 Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, eyen if retired) COUNTRY INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or upknown) (If yes give wor or dotes of service) Same AS MRRI300 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SECNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) KX ON 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II a item 18.) CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work at work 21. I certify that (I) (this hospital) attended the deceased from _______ 196 1 tollog 21 . 1967, that (I) (we) lost 1967, and that death occurred at 8:25 M, from causes and an the date stated above saw the deceased alive on 2/and 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS HYSICIAN'S NAME (Type) Ronald P. Hairston, M. 230. BURIAL CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 24, FUNERAL DIRECTOR ADDRESS

requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral please physician permit. burial-transit by signed 1 as the O FUNERAL DIRECTOR: After this certificate has been far detached directar, VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05634 CERTIFICATE OF DEATH within 24 hours after death and letery filled in by the funeral croon popers. Pages I and it, within 72 hours after doct PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY PG. o. STATE b. COUNTY Riverdale. MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 16Days Bladensburg. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Eugene Leland Memorial Hospital 5217 Newton Street YES NO TEN Y 3. NAME OF First Middle 4. DATE Month last Doy Year DECEASED (Type or print) Wilma Ethel Harvey April. 19 DEATH requires that the death certificate be executed attending physician and composermit. Then please remove S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED XXNEVER MARRIED last biging 17) Jan.-118.71914 Months Days Hours and in any White Female WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Own Home COUNTRY? N-Carolina Amer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. Bessie Deathridge James M. Hicks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dotes of service Eugene Leland Hospital, 4408 Queensbury Rd. buriol, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (9), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ENTRICULAR ONSET AND DEATH FIBRILLATION signed by t IMMEDIATE CAUSE (a) DUE TO ACUTE MYNCARDIAL INFARCTION Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause lost. 0.5 19. WAS AUTOPSY PERFORMED?
YES NO has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate 2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. MEDICAL 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) ot wark at work 4 moy be retained by 21. I certify that (I) (this haspital) attended the deceased fram 4 - 2 , 19 67, to 4 -17 , 19 67, that (1) (we) last 19 67, and that death accurred at 730 pM, from causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 1 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S RIVERDALE NAME (Type) 23o. BURIAL, CREMATION $\frac{236}{4/21/67}$ 23c NAME OF CEMETERY OR CREMATORY Ft. Lincoln 23d. LOCATION (City or Town)
Colmar Manor P.G. BREWOYAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR Francis Gasch's Sons Hyattsville, Maryland

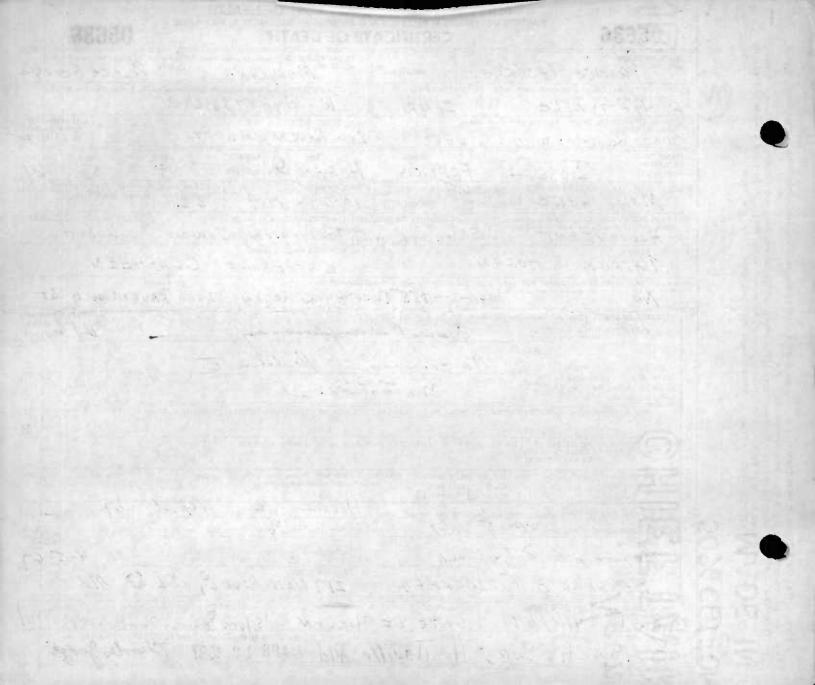
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05635 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COLINTY o STATE b COLINTY Prince George 's
b. CITY OR TOWN (If outside corporote limits,
write RURAL and give nearest town) District Of Columbia MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Riverdale DOA Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Pages Leland Memorial Hospital 1336 Ridge Place, S.E. NO X alang with NAME OF Middle 4. DATE Year DECEASED Hicks. Jr. (Type ar print) Walter Nelson DEATH 26 IF UNDER 1 YEAR S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours WIDOWED DIVORCED IX hours after death 5-22-1942 White Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? This certificate shauld be executed within 24 Washington. D. C. S. GOVT IISA pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter N. Hicks. Sr. Miriam Nunemaker File. .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor ar dotes of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Address ward "pending" i the Chief Medical within Elizabeth Childs-Aunt Same As #2 577-58-3021 No 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH event PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Laceration of brain Skull fracture Canditions, if ony, which gove rise to immediate cause (a), = DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal, the certificate, NO TO pe 20o. EXTERNAL CAUSE WAS PRIMARY → or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld EXAMINER: CAUSE OF DEATH. Driver of car involved in collision. crematian, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Beltsville. Manty P.G. While of work Hour om 4-26- 1967 10:30 cmp.m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection \(\), Inquiry \(\), and in my opinion deoth resulted from: Arcident x Natural causes Suicide Homicide Undetermined manner please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, ar county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION 50 Buria (Specify) Cedar Hill Cemeterv Maryland Suitland 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Marley Judge DAMAY 1 Washington. D. C. 1967 J. Wm. Lees Sons 6M 1/67

TSC35 lower Memoraal not the committee of the to the same of the . Programme . In a Library to the li THE BOOK OF THE TENED OF THE TE do n house, i.J. disemble, d.

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 05636 CERTIFICATE OF DEATH I director filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY RINCE MARYLAND RINCE GEORGE b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN. (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town YATTSVILLE W. HYATTSVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ZOOD RAVENSWOOD ST. 2000 YES NO Z Ka JENS WOOD 2. NAME OF Middle 4. DATE Yeor Month OF DEATH DECEASED MICIS (Type or print) 196 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS last birthdoy) Manths Hours WIDOWED T DIVORCED | papers 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TORRINGTON CONN. ACCOUNTANT 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME HOGAN GLASHEEN ATRICK CATHERINE 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 2000 RAVENSLOOD ST K. HOGAN INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o) 1b), and (c). atter PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 00 YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month. 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Nat while of work at work p. m. una-21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an and that death accurred at M. from the causes and an the date stated above SIGNED ATTENDING MED. Bernard a M.D. 22c, PHYSICIAN'S 22d. ADDRESS NAME TO A. FITZA UNIV. BLUDE FUNER 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMITTORY 23d. LOCATION (City, tawn, ar county) (State) page the Sta REMOVAL (Specify) 67 PGUEN 0 24. FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR 256 REGISTRAR'S 15M 9/59

TANDESTE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95637 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE delay is and 3 to b. COUNTY Page Prince George's Prince George's Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b PM3. write RURAL and give nearest town) Brentwood hours Brentwood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) O d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, director. Page 4 should be forwarded to the Chief Medical Exominer's Office along with form 3714 Shepherd Street. NO X B&O Railroad 225 ft. south of mile post 3. NAME OF 4 DATE Year DECEASED (Type or print) William DEATH Curtis Howard S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years Jast birthday) IF UNDER 24 HRS NEVER MARRIED in ony event within 72 hours after deoth. WIDOWED DIVORCED 10 May 1925 White Male 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) **INDUSTRY** Wash., D.C. Unemployed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mildred Lepper Wellman Howard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 7323-Radeliff (Yes, no, or unknown) (If yes give wor or dotes of service) 578-22-5231 Mr. Wellman Howard - Dr., College Pk 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) (Father) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Evisceration DUE TO From trauma - struck by railroad train. Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K 20o. EXTERNAL CAUSE WAS PRIMARY █ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should CAUSE OF DEATH.

Struck by railrand train.

20c. TIME OF INJURY Month, Doy, Year Hour o.m.

10: 30amm. 4-22
19 67 at work of work of More at CAUSE OF DEATH. cremotion, MEDICAL FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection x, Inquiry x, and in my apinian death resulted fram: Natural eduses I Accident/ X Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S John Kehoe, M.D. Riverdale, Md. 4-24-67 Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230. BURIAL CREMATION 23b. DATE THEREOF 50 Fort Lincoln Cem. Colmar Manor, Md. 4/25/67 24. FUNERAL DIRECTOR Nalley's 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral VR A 15ME (5) Murles Home Inc. 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05638 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 0 of Prince George's
b. CITY OR TOWN (If outside corporate limits, MARYLAND Prince George's Maryland delay the State Department c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Beltsville Cheverly 5 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE e, writing the word "pending" in pencil in Item 18. Give Pages 1, farwarded ta the Chief Medical Examiner's Office along with farm ON A FARM? 4550 Ammandale Road Prince George's Hospital NO X NAME OF Middle 4. DATE Month Year DECEASED 0F April 19 67 Ingram Randv Gene DEATH (Type or print) burial-transit permit. File pages land 2 with IF UNDER YFAR S. SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7 MARRIED lost birthdoy) Months Hours Feb. 26, 1965 white after death male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, exen if retired) 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY 13. FATHER S NAME within 72 haurs Address 16. SOCIAL SECURITY NO 17. INFORMANI (Yes, no or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN event PART I. DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE CAUSE (o) This certificate shauld DUE TO any Conditions, if ony, which gove Myocarditis davs rise to immediate couse (a), = DUE TO stoting the underlying couse D. and 19. WAS AUTOPS be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) remayal, PERFORMED? YES X NO shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld 0 PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X. Inquiry X, ond in my opinion DIRECTOR: Noturol causes -funeral directar. deoth resulted from: Suicide Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O FUNERAL 2-29-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health p Raivendale towld coupty) Jøhn Kehoe, M.D. NAME (Type) the VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95639 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) filled in by the funera o. COUNTY o. STATE b. COUNTY Prince Georges Maryland Prince Georges MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hin 72 hours of b. CITY OR TOWN (If outside corporate limits, Riverdale. Clinton 13 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? please remove corban papers. 7440 Dangerfield Road Eugene Leland Memorial Hospital NO A YES 主著 3. NAME OF First Middle Lost 4. DATE Month Doy Year the ottending physicion and completely sit permit. Then please remove Corban DECEASED 19 67 Luther 22 A. Irby event (Type or print) DEATH IF UNDER 24 HRS. S. SEX AGE (In years IF UNDER | YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) 56 yrs. Manths Hours Days 4-6-11 Male White WIDOWED removal, and in any DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Virginia .S.A. Andrews Air Force Base 14_MOTHER'S MAIDEN NAME 13. FATHER'S NAME Luther Henry Irby Switzerlet 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 0 Admitting Record cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSEL AND OF ATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) physicion. DUE TO signed I Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Poge 4 may be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been d for use os the of Health priar to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work 21. I certify that (I) (this haspital) attended the deceased fram phoons and that death accurred at M. fram causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M.D. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. 23c. 250. REC'D BY REGISTRAR
PAPER 2 6 19 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sb. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95640 05640 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY 0 o. STATE b COUNTY Prince George's MARYLAND. Maryland Prince George's delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cheverly DOA Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form The Stote [713 Chillum Rd. Apt. in Item 18. Give Poges NO X Prince George General Hospital hours ofter deoth. Office along with Middle NAME OF 4. DATE Year DECEASED 18 19 67 Arthur F. Jefferson (Type or print) DEATH 7. MARRIED S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months deoth WIDOWED DIVORCED 4-21-1934 White Male 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT offer INDUSTRY d 'pending' in pencil in Chief Medicol Examiner's Kerek 13 FATHER'S NAME 14. MODIER'S MAIDEN NAME be executed within IS. WAS DECEASED EVER WYS. ARMED FORCES?

(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO INFORMANT Address event within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Asphyxia IMMEDIATE CAUSE (o) certificote should the word Strangulation by hanging DUE TO he ony Conditions, if ony, which gove e, writing the forwarded ta t rise to immediate couse (a). 2 DUE TO stoting the underlying couse puc ds removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? the certificote, YES X NO 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 0 CAUSE OF DEATH. Hung self with shirt tied to top of door. cremotion, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) about OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Stote) foctory, street, office bldg. etc.] Cell, Hyattsville Jail, Hyattsville, Md. yaur Not While of work FUNERAL DIRECTOR: Page While of work 3:30amp.m. 4-18-21. I certify that I took charge of the remains described above, held on Autopsy x, Inspection x, Inquiry x, and in my opinion deoth resulted from: Noturo V couses Suicide x Homicide Undetermined monner Accident CHIFF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol DEPUTY MEDICAL EXAMINER TO FUNE Health NAME (Type) John Kehoe, M.D. Address (Street, city, town, or county) 4-18-67 Riverdale, Md. 236. BURIAL CREMATION. 28d OGATION (City or Town) EMOVAL (Specify) 2Sb. VR A15ME (5) 6M 1/67

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	DIVISION	MARYLAND STATE DE OF VITAL RECORDS, 301 W. PRES			
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1.	PLACE OF DEATH o. COUNTY Prince George	S MARYLAND	o. STATE Maryland	e deceosed lived, if institution: b. COUNTY Prince	George 's
	Prince George b. CITY OR TOWN (If outside corporate lim write RURAL and give nearest fown) Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If	DOA	Beltsville d. STREET ADDRESS	corporote limits, write RURAL	ond give neorest town) //6 */ e. IS RESIDENCE
3	Leland Memorial Ho	spital	11342 Cherry		ON A FARM? YES NO 2
	NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	Jimenez 8. DATE OF BIRTH		Doy Year 9 19 67 FUNDER 1 YEAR IF UNDER 24 HR Ionths Doys Hours Min
10	Female White o. USUAL OCCUPATION (Give kind of work don ring most for work include the part of retired)	e IDb. KIND OF BUSINESS OR INDUSTRY	17 July 1892 11. BIRTHPLACE (Stote or for Cuba	74 Yrs.	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unl	known	
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES es, no, or unknown) (If yes give wor or dote:		informant edro DeArmas	Beltsville 11342 Cherry I	Hill Road
		ouse per line for (o), (b), ond (c).) E (o) Heart failure E TO Hypertensive arter (b)	riosclerotic he	eart disease	interval between onset and Death minutes over 15 yrs.
	stoting the underlying couse lost.	(c)CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TENANDAL DISEASE CONDITI	ON CHIEN IN DADT 1/-)	19. WAS AUTOPSY
CERTIFICATION	2Do. EXTERNAL CAUSE WAS	2Db DESCRIBE HOW INJURY OCCURRED			PERFORMED? YES NO
CAL CERTI	PRIMARY or CONTRIBUTING CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Doy, Yeor		LACE OF INJURY (Home, form,	2Df. (City or town)	(County) (Stote)
MEDICAL	Hour o.m. p.m.	While - Not While - fe	octory, street, office bldg., etc.)		
1			ricide , Hamicide CHIEF MEDICAL EXA	, Undetermined man	American I I
2 23	SIGNATURE EXAMINER'S NAME (Type) John Kehoe	, M.D. Riverdale,	M.D. ASSISTANT MEDICAL EX DEPUTY MEDICAL EX Address (Street, city	AMINER X	4-10-67
23	o. BURIAL, CREMATION, 23b. DATE T	HEREOF 23c. NAME OF CEMETERY OF Mt. Oliv	r CREMATORY	23d. LOCATION (City or Town) Washington	(County) (Stote)
2	W. Ernest Jarvis C	ADDRESS Inc. 1432 You S	treet, No REC'D BY	REGISTRAR 25b. REGIS	TRAR'S SIGNATURE

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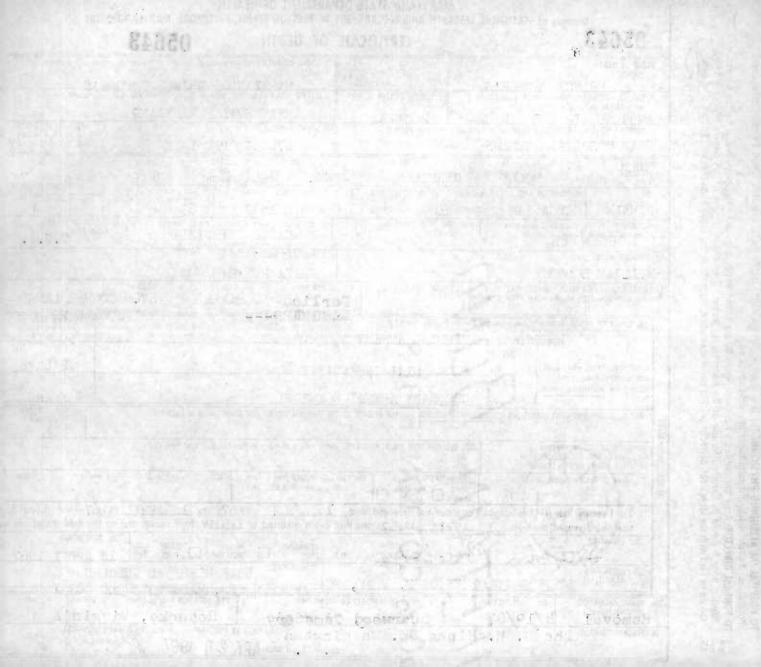
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05642 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George's
b. CITY OR TOWN (If outside corporate limits, MARYLAND Prince George's Maryland delay. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Lanham 2 vears Lanham d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? with farm 9309 Rollingview Drive NO S 8. Give Pages 9309 Rollingview Drive haurs after death. 3. NAME OF Middle 4. DATE Doy Year DECEASED Mae Johnson DEATH (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Hours WIDOWED DIVORCED White 25 May 1908 Female 58 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY IOWA _ HOUSEWIFE 4.5 A affe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within LINKNOWNED WILLIAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 52 NO AVE 10102 (Yes, no, or unknown) (If yes give wor or dotes of service) within JERRY W. JOHNSON NONE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) event PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Respiratory failure days This certificate shauld writing the ward DUE TO Bronchial asthma over 10 yrs. any Conditions, if ony, which gove be farwarded ta rise to immediate couse (a). = DUE TO stating the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? remayal, NO X the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should shauld l PRIMARY Or CONTRIBUTING 50 CAUSE OF DEATH crematian, 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) (Stote) Not While foctory, street, office bldg., etc.) ot work 21. I certify that I taok charge of the remains described above, held an Autapsy ... Inspection x Inquiry x and in my opinion FUNERAL DIRECTOR: Natural causes Suicide . deoth resulted fram: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4-26-67 Riverdale, Md. John Kehoe, M.D. NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) 0 BURIAL (Specify) FT. LINCOLN CEM BLADENSBURG 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) RIVERDALE, MD W.W. CHAMBERS GO

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05644 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) O COUNTY Prince George's o. STATE Maryland Prince George's MARYLAND Stote Deportment b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 1b and d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) 33 hours Hvattsville d STREET ADDRESS e. IS RESIDENCE ON A FARM? Offige olong with form YES NO T 74 Prince George's Hospital 7348 Landover Rd. Apt. This certificate should be executed within 24 hours after death. 3. NAME OF Middle 4 DATE Inst DECEASED OF DEATH Clinton Ray Jordan (Type or print) April S. SEX NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE 7. MARRIED lost birthdoy) Months Hours 1 February 1965 death. WIDOWED DIVORCED male white 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) U.S.A. INDUSTRY hours after Kansas word "pending" in pencil in the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert R. Jordan Renee Dousset 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT within 72 Mr. Robert R. Jordan (above address) No 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

Decembrat. (Father) SYSTE AND DEATH buriol-tronsit event Decerebrate rigidity IMMEDIATE CAUSE (o) writing the word DUF TO ony Brain stem injury 33hours Conditions, if any, which gove forworded to rise to immediate cause (o), ⊆ DUE TO stoting the underlying cause Trauma-fall from apartment balcony 33hours as WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) or removol, PERFORMED? pleose execute the certificate, NO should be 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) Fell from third story balcony of apartment building. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While Kx same as 2 Home 5:30PMnm4-28-67 19 FUNERAL DIRECTOR: Poge 21. I certify that I taak charge af the remains described above, held an Autapsy , Inspection x Inquiry and in my apinian far Accident X death resulted fram: Natural causes Suicide . Hamicide | Undetermined manner funerol director. be retained CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4-30-67 **EXAMINER'S** ohn Kehoe, M.D. Heolth Riting inda die towilled county) NAME (Type) 23o. BURIAL CREMATION. 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Nelson, Nebraska Nelson Cemetery ADDRESS Mt. Rainier 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR Walley's Funeral VR A15ME (5) Maryland 6M 1/67 Home Inc.

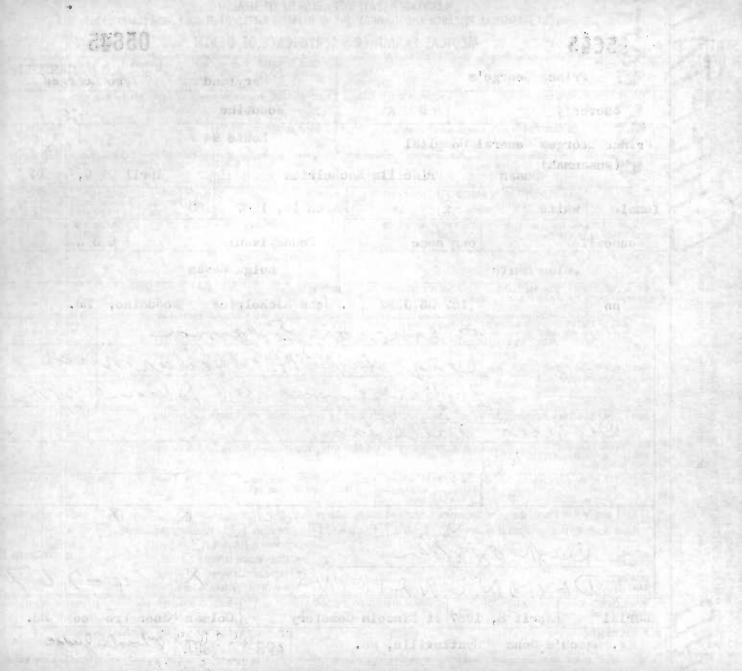
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05645 FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Prince George's o. STATE Poge 0 Maryland Pro Georges MARYLAND delay Deportment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give nearest town) Woodbine D. O Ad. STREET ADDRESS Route 94 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? hours Prince Georges General Hospital YES X NO ote hours ofter death. NAME OF (susannah) First Middle 4. DATE Month Dov Year Priscilla Kachelries Susan OF April 1067 Give (Type or print) DEATH S. SEX 9. AGE (In years birthdoy) 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Q ASI Months Doys Hours March 16, 1887 female white WIDOWED X DIVORCED Office event ond 2 10o. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired)

Housewife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY UCOUNTRY? Pennsylvania own home \subseteq Medical Exominer 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within = Dolan Smith Hulga Levan pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) permit. removol 187 03 0292 W. Jean Kachelries Woodbine. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH 5 IMMEDIATE CAUSE (o) _ This certificate should cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO 0 stoting the underlying couse as burial, PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? the certificate, YES NO 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Poge pleose execute ot work of work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection K Inquiry X and in my opinian funerol director. death resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Address (Street, city, town, or county) NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 BEMOVAL (Specify) April 8, 1967 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. ADDRESS 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Hyattsville, Md. liantes F. Gasch's Sons VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05646 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND the attending physician and campletely filled in by the sist permit. Then please femave carban papers. Pages emave carban papers. Pages any event, within 72 haurs aft c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY_OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) HAM d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 04 NOX dome NAME OF DECEASED Middle DATE First Month Doy Year AISER (Type or print) DEATH 19 AGE 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** Jast birthdoy) Months Dovs Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12, CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIATHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remava 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar whknown) (If yes give wor or dotes of service INTERVAR BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO burial. Conditions, if ony, which gove rise to immediate couse (o). DUE TO r this certificate has been si detached far use as the b te Dept. of Health priar ta b stoting the underlying couse last. WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER be detached State Dept. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. Not While foctory, street, office oldg., etc.) While of work O FUNERAL DIRECTOR: After ot work 21. I certify that (1) (this hospital) attended the deceased fram director, page 3 shauld shauld be filed with the 3 sow the deceased alive on 4 19 (7, and that death accurred at 43 AM, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURIAL CREMATION. 23b (County) REMOVAL (Specify) ADDRESS FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the attending physician and completely filled in by the funeral ist permit. Then please remave carbon papers. Pages I and matery are amount and in one event. Within 72 haurs after deathers. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY FAIRFAX · PRINCE GEORGE'S VIRGINIA MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, BASE 4 days FAIRFAX d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? AIR FORCE HOSPITAL ANDREWS 3708 Morningside Drive YES NO TX 3. NAME OF 4. DATE First Lost Month Doy Year DECEASED ROBERT (NMN) KAUCH APRIL 1967 DEATH (Type or print IF UNDER 24 HRS. S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours MALE CAU WIDOWED DIVORCED 4 July 1894 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? US AIR FORCE PHILADELPHIA, US ATR FORCE PENNA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remaval, JOHN KAUCH ELLA RETNER 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) YES June 1948 231-58-437\$ WIFE SAME AS #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE (o) by be retained by the haspital or attending physician. DUF TO signed l burial, 1/2 hour Conditions, if ony, which gove MYOCARDIAL INFARCTION rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta ARTERIOSCLEROSIS OF CORONARY ARTERIE last. YEARS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO K YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work 21. I certify that (1) (this haspital) attended the deceased fram 4 April . 196 7 , that x(1) (we) last 19 67. to 7 April 1 shauld t 19 6.7, and that death accurred at 2 · 4 5 MM, fram causes and an the date stated above. saw the deceased alive an 7 April 220. SIGNATURE 22b. DATE SIGNED ATTENDING 7 April 67 M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Hosp Andrews NAME (Type CHARLES PHELPS, CAPT USAF directar, shauld be DC 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Arlington, Virginia Arlington National Apr 1967 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Everly Funeral Home Fairfax. Va. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film #0388. 1/26/67 pg. . . . RTIFICATE DEATH certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEAT District of Columbia a. COUNTY b. COUNTY MARYLAND Prince Georges
b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) sician and completely filled in by the please remave carban papers. Pages c. LENGTH OF STAY IN 1b ve carban papers. Page event, within 72 hours af write RURAL and give nearest tawn) Washington, D.C. Cheverly 30 minutes d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If ngt in hospital, give street address) Prince Georges General Hospital 4498 McArthur Blvd. N. W. YES NO 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED John 19 67 G. Kerrigan DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years 7. MARRIED last birthday) Months Days Hours and in any WIDOWED DIVORCED 80yrs. Male 5/30/86 White 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR . BIRTHPLACE (County & Stote, or fareign cauntry) **COUNTRY?** during most of working life (even if retired) INDUSTRY-14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, ar remaval, attending phys WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address PHYSICIAN: The law requires that the death (Yes, np, ar unknown) (If yes give war or dates af service 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Cerebral Infarction, Right temporal lobe INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician DUE TO Cerebral Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the **10 FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of far use of Health p NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour a.m. Nat While While at wark ot wark 21. I certify that (I) (this hospital) attended the deceased from April 12, 1967, ta April 13, 1967, that (I) (we) lost saw the deceased alive an April 13, 1967, and that death occurred at 12.45M, from couses and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. PM STAFF PHYS. DIRECTOR April 13, 1967 M.D. director, page shauld be filed ADDRESS 22c. PHYSICIAN'S NAME (Type) Oliver B. Bond, M.D. 6872 Riverdale Rd, Lanham, Maryland 23d. LOCATION (City ar Town) (State) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS VR A15 (4) Melanley 20 M 1/66

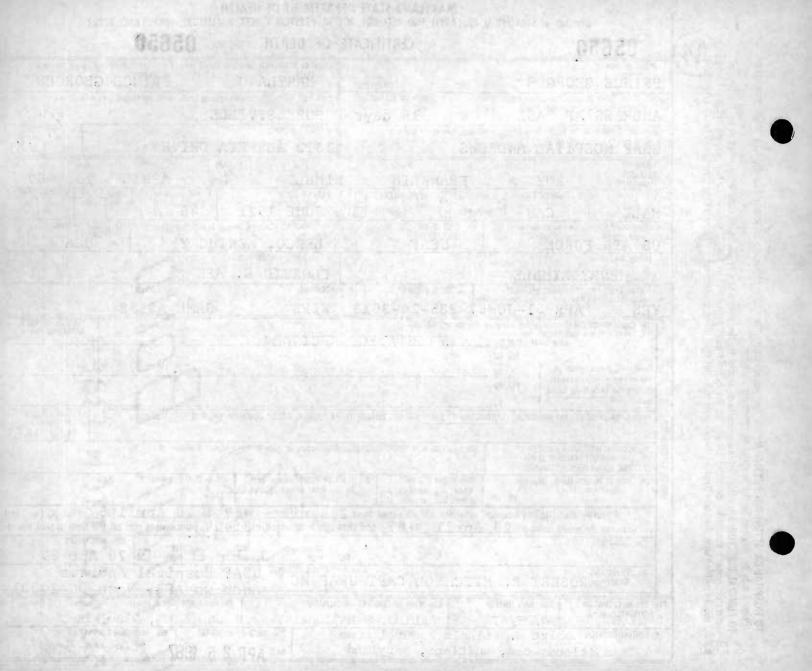
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05649 DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY o. STATE b. COUNTY 0 PM3. Page pages land 2 with the State Department of Prince George's MARYLAND Maryland Prince George's delay and 3 t b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) DOA Cheverly Brentwood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? aminer's Office alang with farm in Item 18. Give Pages NO Ex Prince George General Hospital 3809 Volta Avenue NAME OF Middle 4 DATE Month Day Year DECEASED OF DEATH (Type or print) Richard Ashby Kidwell 19 67 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours after death White WIDOWED DIVORCED 17 June 1893 Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during pow of working life, even if retired) INDUSTRY U S A Virginia ngineer U of Md This certificate shauld be executed within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John F. Kidwell Susan B Campbell _ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service 'pending" be farwarded to the Chief Medical within 578 07 8579A-Milburn Florence Washington D. C. no 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN event ONSET AND DEATH IMMEDIATE CAUSE (6) Heart failure writing the ward DUE TO Arteriosclerotic heart disease unknown in any Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse and crematian, or remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate, NO K 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 should shauld l PRIMARY ☐ or CONTRIBUTING ☐ EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While 19 of work ot work 21. 1 certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opinion Natural causes K / death resulted fram: Accident Suicide Hamicide may be retained Undetermined manner 5 may be retaine
TO FUNERAL DIRE
Health prior ta b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. 4-14-67 Address (Street, city, towg, or county) the 23a. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Ft Lincoln Cemetery Colmar Manor Pro Geo pril 17, 1967 Md. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15ME (5 Gasch's Sons Hyattsville, Md. 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05650 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PRINCE PRYVICE O. MARYLAND GEORGES GEORGES ve corbon papers. Pages I event, within 72 hours after MARYLAND ion and completely filled in by the face companies. Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 FORRESTVILLE 18 days d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOSPITAL ANDREWS 1312 ALBERTA DRIVE YES NO K 3. NAME OF Middle First Last 4. DATE Manth Day Year DECEASED FRANKLIN KIMBLE APRIL 20 1967 ROY (Type or print) DEATH IF UNDER I YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED IX NEVER MARRIED last birthdoy) Months Haurs MALE CAU WIDOWED DIVORCED JUNE 1921 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? LEECO, KENTUCKY US AIR FORCE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removal FLOSSIE E. ASH HENRY KIMBLE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war ar dates of service) WIFE SAME AS #2 51-JUN6 235-24-3613 YES 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: METASTATIC CARCINOMA IMMEDIATE CAUSE (a). DUF TO Conditions, if any, which gove rise ta immediate cause (a). DUE TO Page 4 may be retained by the hospital or attending stating the underlying cause os the prior to TO FUNERAL DIRECTOR: After this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use should be filed with the State Dept. of Health YES 🚽 NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at work 21. I certify that (Mathis hospital) attended the deceased from 2 April _, 1967, to 20 April 1967, that \$1) (we) last saw the deceased alive on 20 April 1967, and that death occurred of 8:40 M from couses ond on the dote stated obove. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 20 Apr 67 M.D. PHYS. DIRECTOR 22d. ADDRESS USAF Hospital Andrews MITCHELL, CAPT NAME (Type) ROBERT R. USAF Andrews AFB, Wash DC 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) BURNAL (Specify) 4/25/67 ARLINGTON NATIONAL ARLINGTON, VIRGINIA 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert E. Wilhelm FuADDRESE 1 Home 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 ochances 4308 Suitland Road, Suitland, Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	OF DEATH						2. USUAL RESIDEN	CE (Where	e deceased live			dence before o	odmission)	
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		give nearest town)			10 day	S	Unattani	110			11			
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3. NAME DECEA		N -	irst		Middle		Lost	Doy	Year					
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WEDICAL 20c.	TIME OF INJU Hour a.m	10	W	d. INJURY hile work	OCCURRED Not While of work		E OF INJURY (Home, ary, street, office bldg.		20f. (City	or town)	((County)	(State)	
	21. I certify that this hospital) attended the deceased fram April 13, , 1967, to April 23, 1967, that (t) (we) last saw the deceased alive on April 23, 1967, and that death occurred of 10:50M, fram causes and on the date stated above.													
	SIGNATURE PHYSICIAN'S	Edein	Ne	ATTENDING MEDAM STAFF 22b. DAT						ril 24	4, 1967			
220.	NAME (Type)	Edwin J.	Lancon	. м.	D		Prince	Cen	cas Con	era1	Hoer	oital		
		Edwill J.	lénsen	7		Leven.							/F:	
23a. BUR	IAL, CREMATIO OVAL (Specify)				Bc. NAME OF CE			-	23d. LOCATION			(County)	(State)	
			26/67		CEDAR H			DEC'D DV	PRINCE			S SIGNATURE	LAND	
24. FUN	ERAL DIKECTOR	Robert E.	Wilhe	elm !	Fu APPRESS 1			PR 2				reen Vu	100	
1,305	2 Smit	land Road	Sinit	land	Marvil	and	DATE	4 11 15	4 U 100	11 /	-	THE DELL		

VR A15 (4) 20 M 1/66

4308 Suitland Road, Suitland, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any expert within 72 haurs after deat

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and-completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evert, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
05652

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before

	02000			CERTIFIC	AII	E UF D	EATH				UUL	טעו		
1.	PLACE DE DEATI	1				2. USUAL	RESIDENC	E (Where	decea	sed tived, If ins	titution: I	Residence	before ac	imission)
	a. COUNTY PR]	NCE GEORGES	3	MARYLA	ND	a. STAT	MAR	YLANI	D	b. cour	PF	RINCE	GEC	RGES
	b. CITY OR TOW Write RURAL	N (if outside corporat	e limits,	C. LENGTH OF STAY I		c. CITY OR	TOWN (If	outside	corpo	rate limits, wr	Ite RURAI	L and giv	e neares	t town)
				1 DAY		CAME	SPR:	INGS			16	./		
	d. NAME OF HD	SPITAL OR INSTITUTIO	N (if not in	hospital, give street add	Iress)	d. STREET	ADDRESS					0.	IS RES	IDENCE
		PITAL ANDRE	IS			6602	VELT	RI DI	RIV	E		Y		NO X
3.	NAME DF DECEASED	Fi	st	Middle		Last				Monti	h	Oay	Yea	ır
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(NO	NONE		233 09 5987A	S	on				Same as	2			
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CERTIFICATION	PARTIT. OTHERS	SIGNIFICANT CONDITIE	NSCONIKI	IBUTING TO DEATH BUT ND	I KELA	TED TO THE TE	RMINALD	ISEASE C	CONOI	I JON GIVEN IN	PART I(a)		PERFOR	MED?
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SE	OR CONTRIBUTI	NG □ CAUSE OF DEAT TIFY MEDICAL EXAMI	H (ER)											
		INJURY Month, Day,		. INJURY OCCURRED 20	e. PLA	CE DF INJURY	(Home, fa	rm.1 20	f. (CI	Ity or town)	(Co	unty)	(S	tate)
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	21. I certif	y that (I) (this hosp	ital) atter	nded the deceased fro	m_21	APRIL				8 APRII				
				IL 19 67, an	d that	death occur	red att	JUM,	, from	the causes				above.
	SIGNATUR	E Langder		USAF ME	M.D	ATTENDIN PHYS.	G XI	MED.	R \square	STAFF PHYS.		APR		ž
	22c. PHYSICAL NAME I	IN'S				22d. A0					-			
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23	a. BURIAL, CREM REMOVAL (Sp	ATION 23b. DATE	HEREDF	23c. NAME DF CEN	ETERY	DR CREMATO	RY	23d.	LOCA	ATION (City, to	own or co	ounty)	(St	tate)
2	5U///	CTOR /	/	ADDRESS 4	VI	2/11/	25a. REC	'0 BY R	EGIST	RAR 25h. R	EGISTRAF	'S SIGN	TURE	
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Clark Holmes, M.D.

23b. DATE THEREOF

requires that the death certificate be executed within 24 hours after death physician. Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the Stat

4/24/1967 Monson, Mass. 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 112HSSStreet S.E. 24. FUNERAL DIRECTOR 517 W.W. Chambers Co. Inc. Washington. D.C. DATAPR

M.D.

23c. NAME OF CEMETERY OR CREMATORY

PHYS.

22d. ADDRESS

DIRECTOR

PHYS.

4108 Pratt St. Upper Marlboro, Maryland 23d. LOCATION (City or Town)

IS RESIDENCE ON A FARM?

YES NO

Year

19 67

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(State)

(State)

Doy

21

Doys

12. CITIZEN OF WHAT

COUNTRY?

U.S

(County)

22b. DATE SIGNED

(County)

IF UNDER 1 YEAR

Manths

VR A15 (4) 20 M 1/66

22c. PHYSICIAN'S

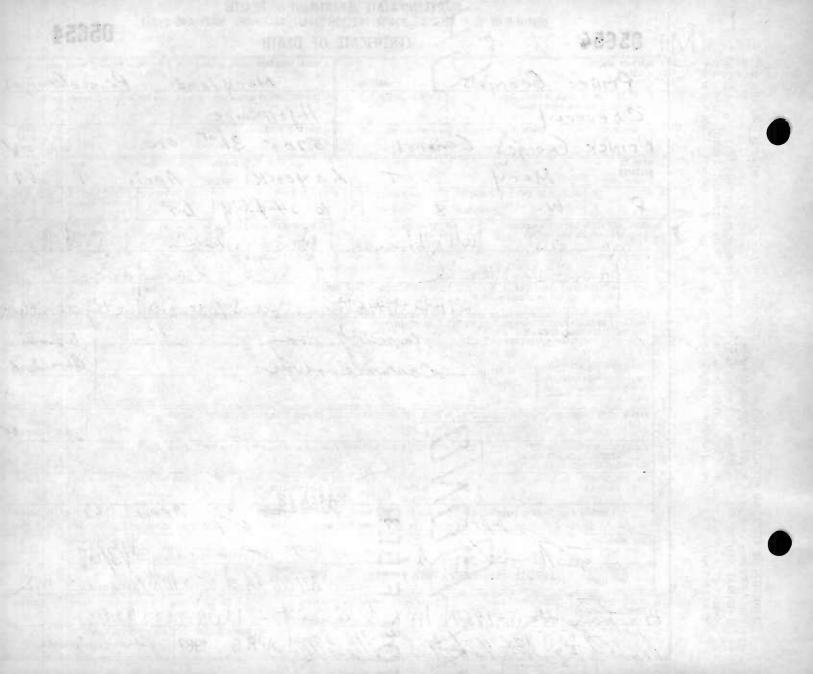
23o. BURIAL, CREMATION,

NAME (Type)

Prince Carrette Mastere? Uter when the Prince Congress (copyred longer tall hogsta manget. tronge 27 1 t. 10 21 1.º of the least rearrant of the

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05654 05654 CERTIFICATE OF DEATH , filled in by the funeral in papers. Pages I and 2 vithin 72 hours after death and 2 that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) g. COUNT a. STATE George's rince MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town TOWN (If autside carporate limits c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) MSUIlle PUPPLI d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM event, within 72 705 Genera YES NO carban NAME OF Middle 4. DATE Month Day Year campletely DECEASED 7 VCOCK (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 9. AGE NEVER MARRIED (In vegrs the attending physician and camp sit permit. Then please remove nation, or remaval, and in any eve birthday) Months Doys Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRIHPLACE (County & Store, or foreign country) 12. CITIZEN OF WHAT duling most of working life, even if retired) **COUNTRY?** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Addres (Yes, no, or unknown) (If yes give war or dates of service) crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit burial, cremati IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse priar tal attending O FUNERAL DIRECTOR: After this certificate has been last 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO by the haspital ar 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) detached f te Dept. of l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While ATTENDING MARCH 13 at work at wark 21. I certify that (I) (this haspital) attended the deceased fram. APCII 1, 1967, that (1) (we) lost 67 to be retained 19 69, and that deoth occurred at 65 PM, from causes and on the dote stoted obove. sow the deceased alive on Aprilal 22g. SIGNATURE filed M.D. PHYS. page 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may Leon NAME (Type) pe directar, shauld b 23o. BURIAL CREMATION 23b. DATE THEREOF LOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05655

CERTIFICATE OF DEATH

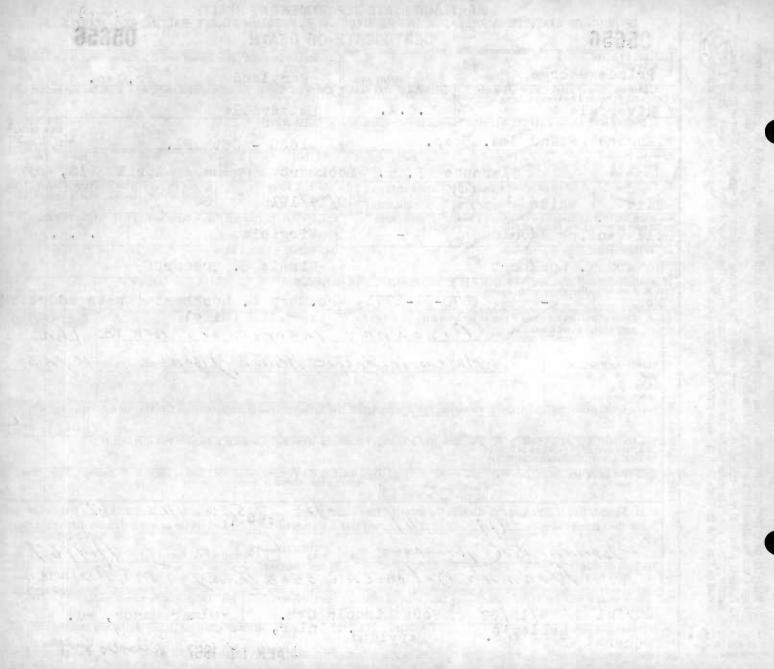
05655

	I. PLACE OF							ESIDENCE (V	Where deceosed			ice before o	dmission)
Н	o. COUNT	Princ	e Georg	ges	MARYI	LAND	o. STATE	Mary	land	b. ((Prince	Geor	ges
-	b. CITY O	R TOWN (If outsid	e corporote limit	rs,	c. LENGTH OF STAY IN	1 16	c. CITY OR	TOWN (If ou	tside corporote	limits, write	RURAL ond give	e nearest to	own)
	Write I	RURAL and give n	rly		31 days			Hyat	tsvill	е		16-1	
	d. NAME (OF HOSPITAL OR II	NSTITUTION (If n	ot in hospital, g	give street address)	Jan 1	d. STREET A	DDRESS	(Vince	nts Tr	ailer	Ct Ye	S RESIDENCE
71	Pr	ince Geo	rges Ge	eneral l	Hospital			3200		lworth		1. /	ON A FARM?
	3. NAME OF DECEASED			irst	Middle		Lost	100	4. DATE	M	onth	Doy	Year
	(Type or)		Willi		N		Lemmo	ons	OF DEATH	8	April	4	19 67
	S. SEX	SEX 6. COLOR OR RACE 7. MAR			NEVER MARRIED	□ 8	. DATE OF BI	RTH		GE (In yeors ost birthdoy)			Hours Min.
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		CCUPATION (Give k			ND OF BUSINESS OR				& Stote, or foreig			TIZEN OF W	
	Guar	d working life, ever	i ii ieiiieu)	Det	ective				arolina	l	U	UNBY?	•
	13. FATHER'S		200	144			14. MOTHER						
		er A. L					1	Vancy	Jane 1	Blanto	n		
	IS. WAS DEC	EASED EVER IN U.S. nknawn) (If yes g	ARMED FORCES?	16. 1	SOCIAL SECURITY NO.		FORMANT	т т			dress	12 /	
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0	PART II.	OTHER SIGNIFICAN	NT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL	DISEASE CON	IDITION GIVEN I	N PART 1(o)		19. W/	AS AUTOPSY RFORMED?
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	OR CONT	IDENT WAS UNDER RIBUTING (CAUS R, NOTIFY MEDICAL	E OF DEATH	205. DE	SCRIBE HOW INJURY OC	CURRED. (Enter noture o	of injury in I	Port I or Port II	of item 18.)			
	20c. TIM	NE OF INJURY Moi	nth, Doy, Yeor				E OF INJURY			City or lown)	(Cou	unty)	(Stote)
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	21.	I certify that	t (I) (this ha	spital) attend	ded the deceased t		2/4		96/, ta_	41	7 , 190		(I) (we) last
		v the decease	d alive an_	4/	2 <u>1962</u> , a	nd that	death acc	urred at	-00AM,	fram cause	es and an t	he date s	stated abave.
	22o. SI	GNATURE	288				ATTENDIN	6	MED.	STAFF	22b. D	ATE SIGNED	1-
	III See L	//	11	her		M.D	PHYS.	IX.	DIRECTOR L	PHYS.	4	771	6/
1	22c. Pt N)	ME (Type)	E	11 05	ser		22d. AD	410	, 24	40	- 03	Elis	megle
	23o. BURIAL,		23b. DATE TH		23c. NAME OF CEMET	-				TION (City or		(County)	(Stote)
	Bury	FT:>becity)	4/6/6	7	Ft. Lir	ncolr	1				anor P	. G.	Md.
1	24. FUNERA				ADDRESS			2So. REC'D	BY REGISTRAR	2Sb.	REGISTRAR'S S	IGNATURE	
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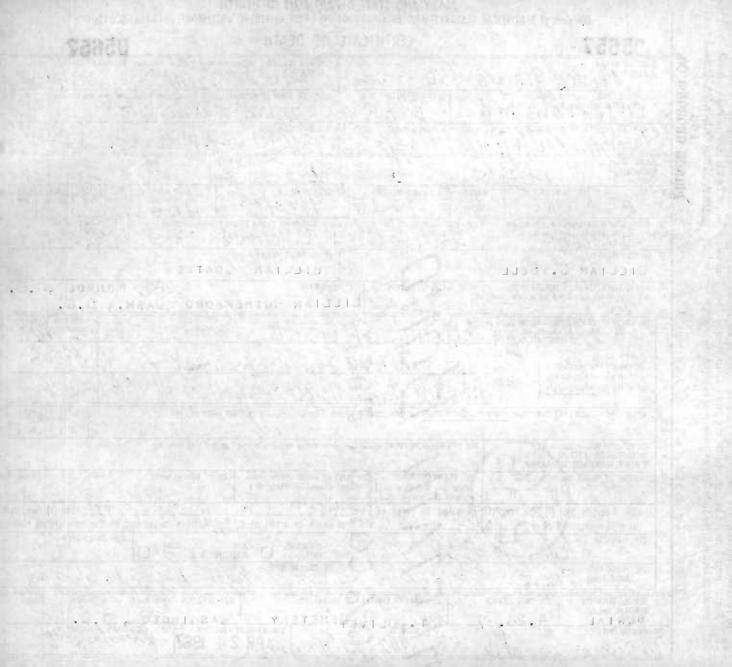
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remark carrent papers. Page should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours at Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

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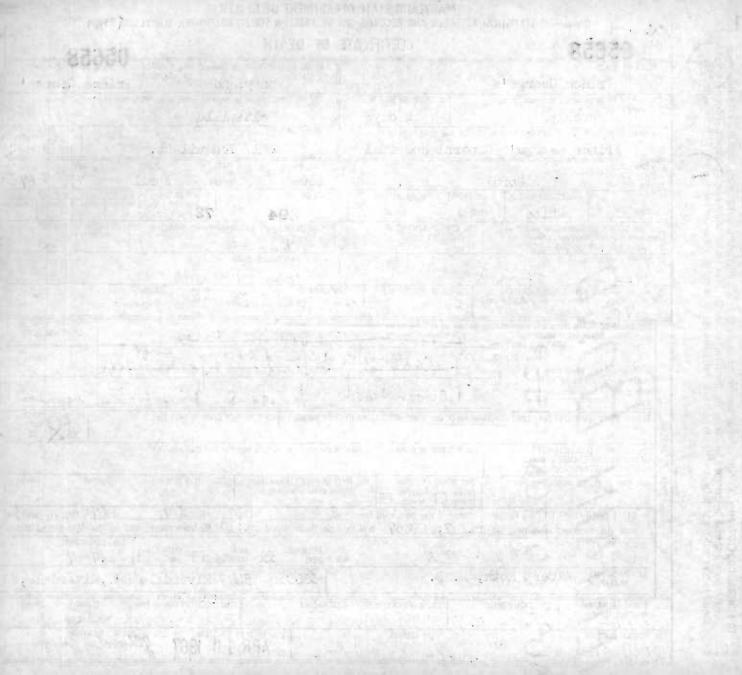
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a county Prince b. COUNTY a. STATE George Maryland Pr.Geo. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Beltsville filled in Riverdale D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Leland Mem. Hosp. NO-11630 -36th YES NAME DE DATE Month Year First Middle Last 4. DECEASED April 13, 1967 Lockhart Clarence (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH ove 7. MARRIED X NEVER MARRIED last birthday) Months Days Hours | Min. any Male White DIVORCED WIDOWED attending physician a ermit. Then please re on, or removal, and ln and l 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Bell Vending Machine COUNTRY? INDUSTRY Virginia certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Minnie E. Orndorff Howard T. Lockhart 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. been signed by the attenthe burial-transit permit. death H. Lockhart (above address 578-01-177] Mrs. Marv No INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING [of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2De, PLACE OF INJURY (Home, farm, (County) (State) 2Dd. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work retained 0 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: /
age 3 should A M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. 4 may FUNERAL pal 22c. PHYSICIAN'S 22d. **ADDRESS** director, p AINIE NAME (Type) 503 23a. BURIAL, CREMATION, 23d. LOCATION (City, town or county) EMOVAL (Specify) 2 Colmar 67 Fort Lincoln Cem. Manor, Md. ADDRESS Mt. Maryland Mt. Rainie23a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE al Home VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05657 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY # MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If autside carporate limite write RURAL and give nearest town) 1-0 m d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO D NAME OF DATE Day Year Last DECEASED OF DEATH complete in or Divert 196 (Type or print) IF UNDER I YEAR AGE (In years IF UNDER 24 HRS SEX 6. COLOR OR RACE NEVER MARRIED The low requires that the death certificate be execut last, birthday) Manths Davs Haurs WIDOWED DIVORCED and 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) physicion of the please during mast at warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM C. BELL COATES ILLIAN the offending p 2005 MONROE , N.E. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, ar unknown) (If yes give war ar dates of service) LILLIAN RUTHERFORD WASH. D.C. u o 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN cremati buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO buriol Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low re Poge 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been ed for use as the of Health prior to last. WAS AUTOPSY PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at work pe 21. I certify that (1) (this haspital) attended the deceased fram. 190 19 67, that (1) (we) last should and that death accurred at 435 M, fram causes and an the date stated above 196 saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S PISTIAN NAME (Type) director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL WASHINGTON. 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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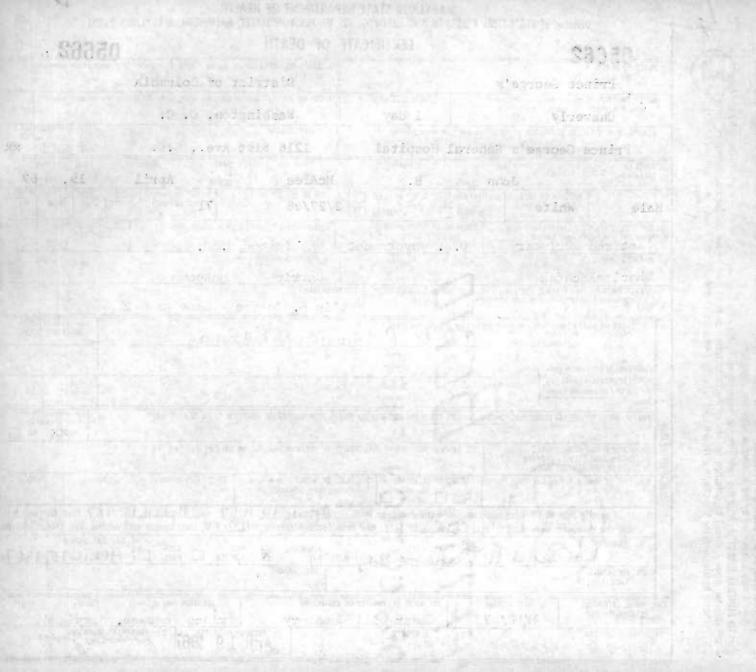
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 gas 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY District of Columbia Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cheverly c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. 1 day e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) d. STREET ADDRESS attending physician and completely filled in permit. Then please remayerathon popers. hin 72 ON A FARM? 1216 61st Ave., S.E. Prince George's General Hospital YES NO XX 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED April 15, 19 67 John B. McAfee event, DEATH (Type or print) IF UNDER 24 HRS. IF UNDER YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED 77 lost birthdoy) Months Hours Doys White 3/27/96 Male WIDOWED DIVORCED ond in an 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY U.S. Government Washington D. C. Retired Printer USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Charles McAfee Carrie Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes no or unknown) (If yes give wor or dotes of service permit. 0 Abbie H. McAfee Same As # 2 cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY ulmonar IMMEDIATE CAUSE (o) signed by attending physicion. DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse os the prior to TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Heolth YESXX NO be retoined by the hospital or for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While 19 ot work ot work pe ADRILLY 1967, to ADRIL 15, 1967, that # (we) last 21. I certify that (*) (this haspital) attended the deceased fram_ should Acres 19 67, and that death accurred at 1248 PM, fram causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE X DIRECTOR PHYS. be filed 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 may NAME (Type) director, pluods 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) Burial (Specify) Prince Georges, Maryland 4/18/67 Cedar Hill Cemetery 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along-with form PM3. Page y delay is

This certificate should be executed within 24 hours ofter deoth. If

necessary, please execute the certificate, writing the word "pending"

O DEPUTY MEDICAL EXAMINER:

me State Department of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	PLACE OF DEATH		2. USUAL RESIDENCE (Where d		tesidence befare admissian)
	o. COUNTY Prince George's	MARYLAND	Maryland	Prince	George's
	b. CITY OR TOWN (If autside carparate limits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	rporate limits, write RURAL a	nd give nearest town)
	write RURAL and give nearest tawn) Cheverly	DOA	Maryland Par		11.1
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital,		d. STREET ADDRESS	. 11	e. IS RESIDENCE
	Prince George General Ho		6170 Coolida	Ctreat	ON A FARM? YES NO TA
3	NAME OF First	Middle	6410 Coolidge		Day Year
1	DECEASED		01		
-	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED		IcClanahan Di	9. AGE (In years IF t	17 19 67 UNDER 1 YEAR IF UNDER 24 HRS.
	7. MARKIE			last birthday) Mai	nths Days Haurs Min.
	Female White WIDOWED	Ag 10	2-16-96	70 Yrs.	10 CITIZEN OF WHAT
	ing mast af warking life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		VIRGINIA		U.S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	UILLIAM HETLIN		ISABELLE	VOGT	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, arunknawn) (If yes give war or dates of service)	. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
1	ss, no, drankindwin) (in yes give war or dates or service)	79-05-8889A M	RS. EUNICE NAS	HIDINTER CA	TLETT, VA.
	18. CAUSE OF DEATH (Enter only one cause per line for			4	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hea	mt failure			ONSET AND DEATH
	10.			THAN SECTION	
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	(b)	erioscierotic n	eart disease		over 2 mo.
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MEDICAL	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19 at word at word at word and the contribution of the contrib	DESCRIBE HOW INJURY OCCURRED. INJURY OCCURRED 20e. PLA facilitation of the property of the pr	THE TERMINAL DISEASE CONDITION (Enter nature of injury in Part 1 of CE OF INJURY (Hame, farm, fary, street, affice bidg., etc.) Eld an Autapsy, Insp. CHIEF MEDICAL EXAMIN M.D. ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM Address (Street, city, to CREMATORY 236	r Part II of item IB.) Dection , Inquiry Undetermined manner DER AMINER DINNER (Caunty) (State) 22. DATE SIGNED 4-18-67	
WEDICAL MEDICAL	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19 at word a	DESCRIBE HOW INJURY OCCURRED. INJURY OCCURRED 20e. PLA facilitation of the property of the pr	THE TERMINAL DISEASE CONDITION (Enter nature of injury in Part 1 of CE OF INJURY (Hame, farm, fary, street, affice bidg., etc.) Eld an Autapsy, Insp. CHIEF MEDICAL EXAMIN M.D. ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM Address (Street, city, to CREMATORY 236	r Part II of item IB.) 20f. (City ar tawn) Dection , Inquiry ; Undetermined manner IER	(Caunty) (State) 22. DATE SIGNED 4-18-67

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5 moy be retained for your files.

Health prior to buriol, cremation, or removal, and in ony event within 72 haurs ofter death. 10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 w

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and many event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

	PARTMENT OF HEALTH TON STREET, BALTIMORE, MARYLAND 21201
05664 CERTIFICAT	E OF DEATH 05664
O. COUNTY PRINCE SEETGE MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE ORGANICATION b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 WEEKS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS NORTH CLASHING BON YES NO B
NAME OF DECEASED (Type or print) PAFRICK H. Middle Mc (Closkey Lost 4. DATE Month Doy Year OF DEATH 4 14 1967
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In UNDER 24 HRS If UNDER 24
00. USUAL OCCUPATION (Give kind of work done pring most of working life, even if retired) LIARE HOUSE MAN GENERAL	11. BIRTHPLACE (County & State, or foreign country) NEW 15-74 ENG 12. CITIZEN OF WHAT COUNTRY STATE OF WHAT
JAMES ME LLOSKEY	14. MOTHER'S MAIDEN NAME ARGARET UNK
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17.	INFORMANT Address Phila PA

	(Type or print)	11.00	105Key DE	ATH 7	17 1967
	Si	101-	MARRIED NEVER MARRIED VIDOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	Doys Hours Min.
	10o. duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) UARE HOUSE HAN	10b. KIND OF BUSINESS OR HNDUSTRY	11. BIRTHPLACE (County & Stote,	or foreign country) 12. CII	TIZEN OF WHAT
		FATHER'S NAME	031-01	14. MOTHER'S MAIDEN NAME	7 2100	00.1
	1	JAMES Mc LLO	SKEY	MARGAR.	FT UNK	Author St. m.
		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address Phi	IA PA
	,	s, no, or unknown) (If yes give wor or dotes of serv	167 12 7177 7	ERESA Flynn	- 5951 NORI	4xx0057
		18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	and I then M	Imoma to	BRAIN	ONSET AND DEATH
		Conditions, if ony, which gove (b)	. (6	oma of the	Left neck	5 YRS.
		stoting the underlying couse lost. DUE TO (c) _		Called Act		
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or	r Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19	While of work Of While of work Of the other of work	ory, street, office bldg., etc.)		unty) (Stote)
		21. I certify that (#) (this haspital saw the deceased alive anA_f	attended the deceased fram	MAR 1, 19 67	M from causes and an the	Z, that (+) (we) last
		220. SIGNATURE	Theer M.C.	ATTENDING - MED.	STAFF 22b. DA	ATE SIGNED -14-67
1		22c. PHYSICIAN'S NAME (Type) WALTER	B. SHEER M.	0 6400 Marlbon	O PIKE S.E. WAS	H. D.C. 20028
	7	BURIAL, CREMATION, 23b. DATE THEREOF	HLEXANDR	IA NATZ	HLEXANDERA,	(County) (Stote)
	24	TUNERAL DIRECTOR	Co its home	2So. REC'D BY REC	1001	A

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL DESCAPCH AND DECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

		DIVISION OF STATISFICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE, MARTLAND 21.	201
E		00000	ATE OF DEATH	5665
		LACE OF DEATH COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Resider a. STATE b. COUNTY	ice before admission)
	b	CITY OR TOWN (If autside carparate limits, C. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and giv	re nearest tawn)
		Hyattsville / yrs.	Washington, D. C.	47.3
	d	NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
70		Carroll Manor	2900 Connecticut Ave.N.	W . YES NO
	C	IAME OF First Middle ECEASED Type or print) Josephine A.	Lost 4. DATE Month OF DEATH 4	Day Year 20 1967
	S. S	female white WIDOWED NEVER MARRIED 5	8. DATE OF BIRTH 9. AGE (In years ast birthday) 7/1/1881 9. AGE (In years ast birthday) 7/1/1881 7/1/1881	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
	10a. durir	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 19 mest of working life, every retired this on in 1905 RY. itutes	11. BIRTHPLACE (County & State, or foreign country) Washington, DC	TIZEN OF WHAT DUNIRY?
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
19	-	James McDevitt	Unobtaihable	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? , na, or unknown) ((If yes give war ar dates af service)	17. INFORMANT Address	
94	(163	no noe	Carroll Manor Records	
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vasc	ular Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH OAVS
3	7	33/X DUE TO		120
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertension (c)		10 years
2	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	Hemiplegia 8 years 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I ar Part II of item 18.)	,
	MEDICAL	Haur a.m. While While at wark at wark	factory, street, affice bldg., etc.)	ounty) (State)
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an April 17 1967, and	that death accurred at AM, fram causes and an t	the date stated abov
		220. SIGNATURE Tromas & Cellins	M.D. ATTENDING MED. STAFF PHYS. AT	oril 20,67
1		22c. PHYSICIAN'S NAME (Type) Thomas To Colling	22d. ADDRESS	ton D.C
	22	THOMAS F. COLLINS	322 H St.N.E., Washingt	(Caunty) (State)
		REMOVAL (Specific) Burial 4/22/67 Mt. Olive	et Cemetery Washington.	D. C.
	24.	FUNERAL DIRECTOR The S. H. Hines C. Company Washington, D. S. C. Company	DATAPR 2 4 1967 ACLIANT	SIGNATURE Con Judge

02882 a the contract contract . a . L. . Joien Lann The state of the control of the and delverning the house of the And the second s Vd. OS I Inc. | L. T. D. Soil x S. C. e Land a la Sance , S. o. C. H. S. C. Bording . Collins

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05666 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE o. COUNTY. Prince George's Prince George's Maryland MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cheverly c. LENGTH OF STAY IN 1b DOA Seat Pleasant completely filled in b e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 407 Addison Road Prince George's General Hospital YES NO THE 3. NAME OF 4. DATE Month Year McGarry OECEASED Michael Joseph April 67 **OFATH** (Type or print) IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last zirthdoy) Months Sept 1, 1894 White Male WIDOWED DIVORCEO pleose rem and in an 11. BIRTHPLACE (County & State, or loreign country) Washington D. C. 12. CITIZEN OF WHAT UCOUSTRYA 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done IN THIS IF THE during most of variking life eyen if retired) 14. MOTHER'S MAIDEN NAME Julia Carr 13. FATHER'S NAME or removo Patrick McGarry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no or unknown) (If yes give wor or dotes of service) 213 38 2218 Anna McGarry Same as #2 (wife) 17. INFORMANT INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retoined by the hospital or attending physician. DUE TO CORONARY HEART DISEASE Canditions, if ony, which gove rise to immediate couse (o), HYPERTENSIVE CARDIO-VASC. DISEASE EN INTERMITTENT CLAUDICATION DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been should be detoched for use os the vith the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While ot work ot work 19 Jd, to tel 21. I certify that (I) (this haspital) attended the deceased fram. 768-4 1967, and that death accurred at 1/200 AM, from causes and on the date stoted obove. sow the deceased alive on. 22b. OATE SIGNED 22o. SIGNATURE ATTENDING M.O. PHYS. director, page 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S 3308 Dodge Pk. Rd., Landover, Maryland Dr. Max M. Herzberg NAME (Type) Washington D. C. (County) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL, CREMATION, BREMOVAL (Specify) 4/10/67 Mt. Olivet 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. Minney VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05666 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05667 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY g. STATE b. COUNTY ny delay is 2, and 3 to PM3. Page b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) MARYLAND Maryland Prince George's c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b h the State Departmen Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Oxon Hill d. STREET ADDRESS e IS RESIDENCE ON A FARM? execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, sr. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm NO 3 418 Maurey Avenue YES Prince George General Hospital 24 haurs after death. NAME OF Middle Last 4 DATE Year DECEASED William (Type ar print) McNab DEATH 1967 7. MARRIED X 8 DATE OF BIRTH 1931 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED lost birthday) Manths Days Haurs WIDOWED event within 72 haurs after death white DIVORCED 12-16-1029 8335 YIS. male File pages land 2 10o. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY IISA Driver Trucking New Jersey
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate shauld be executed within Norma Swattzman George E. McNab IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rt 1. Bx 265 burial-transit permit. (Yes, no, or unknown) ((If yes give wor or dates of service) 579 38 2655 George McNab- Bro Clinton. Md. Mes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Laceration of brain DUE TO Trauma - motorcycle accident. in any (Canditions, if any, which gave rise to immediate cause (a), DUE TO 0 stoting the underlying couse and be used 19 WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO T 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld crematian, ar PRIMARY CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. Driver of motorcycle which ran into parked car. 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Hour a.m. 4-22- 19 67 While Not While at wark 400 Maurey Ave., Oxon Hill, Md. FUNERAL DIRECTOR: Page 21. I certify that I took charge af the remains described above, held an Autopsy , Inspection , Inquiry and in my apinion the funeral directar. death resulted fram: Natoral causes Accident X, Suicide , Homicide Undetermined manner CHIEF MEDICAL EXAMINER Health priar ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) John Kehoe, M.D. Address (Street, city, town, or county) 4-24-67 Riverdale, Md. 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 50 REMOVAL (Specify) Cedar Hill Cemetery 4/26/67 Suitland, Maryland 24 FUNERAL DIRECTOR Atlantes Judge VR A15ME (5) Lee Funeral Home, 300 4th NE. Wash. DC 6M 1/67

alors of roots . Americal . Ingoigna 4_ Browner - The busing office wildly and the purpose of AND AREA CONTROLLED TO THE PROPERTY OF THE PRO The Day Brands, Life . Barrandia, 1941.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items #1c, 8 05668 Reg. Dist. No. 1. PLACE OF DEATH o. COUNTY Prince Georges 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN IIf outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Avandale Avandal d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Avenue 4827 Russell Avenue YES NO .5 NAME OF Middle 4. DATE Lost Month Day Year JAMES J. MCPADDENSR. April 19 67 DEATH 10 (Type or print) 8. DATE OF BIRTH DEC . IF UNDER I YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. AGE (In years on bulldoy) Months Days White Hours Min. Male DIVORCED T WIDOWED | 10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Treland USA Retired Trucker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hugh McPadden Marv Flynn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. Wif. Russell Ave, Hyatts. No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY mi IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20d. INJURY OCCURRED 20f. (City or town) Day, Year (County) (State) DIC foctory, street, office bldg., etc.) a. m Not while ot work ot work Lithat I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at alive an _M, fram the causes and an the date stated abave. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S William Wimsatt 3415 Hamilton Street. Hvattsville. Md. FUNE 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Heaven Cometery White Plains, N.Y. Gate Of 67 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Rainier, Marylanda Nalley Funeral Home VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05663 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission b. COUNTY Anna Arundle o. COUNTY o. STATE Prince Georges Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Cheverly 14 days Odenton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .⊆ d. STREET ADDRESS e. IS RESIDENCE PrinceGeorges General Hospital Box 520 Evergreen Rdl NAME OF First Middle lost 4. DATE Month DECEASED (Type or print) Samuel McVea DEATH 19 67 April 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months WIDOWFD DIVORCED Male Negro physician and 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY / Alminer WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dotes of service 0 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO for use as the t Health priar ta b stoting the underlying couse has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED DISEASE CONDITION GIVEN IN PART NO this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) of work 21. I certify that *() (this haspital) attended the deceased fram March 20, 1967, ta April 3, 1967, that (b) (we) last saw the deceased glive an April 3, 1967, and that death accurred at 9.00PM, fram causes and an the date stated above. be retained TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED M D PHYS DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL CREMATION. (REMOVAD (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b COUNTY Prince George's
b. CITY OR TOWN (If autside corparate limits, MARYLAND Maryland Prince George's delay i c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) pup write RURAL and give nearest town) Fairmont Heights d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? with farm NO EX in Item 18. Give Pages 907 60th, Avenue YES Prince George General Hospital haurs after death. Middle 4. DATE Minnis lost Manth Day Year DECEASED 1967 (Type or print) DEATH 10 Mennis Agnes Medical Examiner's Office alang IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED X AGE (In years NEVER MARRIED 8. DATE OF BIRTH lost birthday) Manths death. WIDOWED DIVORCED Female Negro

10a. USUAL OCCUPATION (Give kind of work dane Nov. 1914 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT ofter during most of working life, even irretired) INDUSTRY COUNTRY? This certificate shauld be executed within 24 Domestic 13. FATHER'S, NAME-14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war or dates of service) e, writing the word "pending" farwarded ta the Chief Medica within 907-60th Bye 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH event IMMEDIATE (AUSE (a) Heart failure writing the word Hypertensive arteriosclerotic heart disease over 5 yrs. any Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? ar remaval. NO be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) PRIMARY I or CONTRIBUTING I shauld CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark Inspection X Inquiry X 21. I certify that I taak charge of the remains described above, held on Autopsy and in my opinion Natural causes XV. Accident death resulted fram: Suicide Hamicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior ASSISTANT MEDICAL EXAMINER SIGNATURE funeral DEPLITY MEDICAL EXAMINER Riverdale, Md. 4-10-67 John Kehoe, M.D. NAME (Type) Address (Street, city, tawn, or caunty) may 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR H. J. Washingtondsons A15ME (5

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05671 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Prince George's o. STATE Maryland 2, and 3 to PM3. Page COUNTY Prince George's MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) DOA Forestville Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE cate, writing the word "pending" in pencil in Item 18. Give Pages 1, be forworded to the Chief Medical Examiner's Office along with form ON A FARM? Prince George's General Hospital 8122 Redwood Drive NO X YES 24 hours ofter deoth. NAME OF 1 ost 4 DATE Month Year DECEASED OF Meunier 19 67 (Type or print) Earl Dykes DEATH S SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Dovs Hours white within 72 hours after deoth male WIDOWED DIVORCED 3-1-22 pages lond 2 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Retail Industry Retired Washington D. C. HEA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Charles Meunier Genevieve Dykes S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Katheryn R. Meunier Same As # NO 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN event 1 PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) Heart Failure This certificate should DUE TO any Conditions, if any, which gove Arteriosclerotic Heart Disease over 2 vrs. rise to immediate couse (a). 2 DUE TO stoting the underlying couse SD be used removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? the certificate, NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) 3 should should b PRIMARY Or CONTRIBUTING cremation, or EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) ot work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry X, ond in my opinion FUNERAL DIRECTOR: deoth resulted from: Notural couses X. Accident Suicide [the funerol director. Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-8-67 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** NAME (Type) John/Kehoe M.D., Riverdale, Maryland Address (Street, city, town, or county) 230. BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 5 0 REMOVAL (Specify) Washington National Prince Georges, Maryland Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home VR ATSME (5) 6M 1/67 4308 Suitland Road, Suitland, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05672 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05672 FOR STATE HEALTH DEP 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY delay is ond 3 to Page Prince George s
b. CITY OR TOWN (If outside corporate limits,
write RURAL and give nearest tawn) MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3. with the State Departm Washington Riverdale 7 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, I director Pone 4 should be forwarded to the Chief Medical Examiner's Office along with farm NO X 2020 32nd. St., S.E. YES Leland Memorial Hospital 24 hours ofter death. 3. NAME OF Lost 4. DATE Month Year DECEASED (Type or print) Mamie Mever 19 67 DEATH IF UNDER 24 HRS IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 7. MARRIED lost birthdoy) Months Hours WIDOWED + DIVORCED 1-18-1878 White Female and in any event within 72 haurs ofter deo 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life even if retired)
Housewife INDUSTRY home Washington, D.C. 14. MOTHER'S MAIDEN NAME This certificate should be executed within 13. FATHER'S NAME William H Brewer Mary Ward 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Harryett. Crump, same as 2.D 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (g) Heart failure DUE TO Arteriosclerotic heart disease days Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? crematian, or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X Fracture of left hip.
200. EXTERNAL CAUSE WAS 20b. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. Fell at home 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While of work may be retoined far your FUNERAL DIRECTOR: Page Not While 10:40pmm 4-15- 1967 of work same as #2 Home 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection x, Inquiry x, and in my apinian death resulted from: Natural causes Accident /x Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER Heofth prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 4-24-67 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION 23b. DATE THEREOF 50 Burial (Specify) Cedar Hill Cemeterv Suitland. Maryland 4.26.67 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15ME (5) Lee Funeral Home. 300.4th st N E 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05673 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) attending physicion ond completely filled in by the funeral permit. Then please remove carbon papers. Pages 1 and on, or removal, and in any event within 72 haurs after deal PLACE OF DEATH District of Columbia a. COUNTY o STATE Prince George MARYLAND CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give penrest town)
Hyattsville 19 days Washington e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Sacred Heart Home, 5805 Queens Chapel Rd. 913 Jackson Street. N.E. YES NO K 4. DATE NAME OF Middle Manth First Last Day Year DECEASED April 16 19 67 Marguerite C. Moore DEATH (Type or print) IF UNDER 24 HRS. IF UNDER 1 YEAR 9. AGE (In years S SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED X last birthday) Months Hours white WIDOWED DIVORCED Aug. 23, 1891 female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? United States Legal work
13. FATHER'S NAME Philadelphia, Pa. 14. MOTHER'S MAIDEN NAME Richard F. Moore Mary A. Rodgers 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na. ar unknawn) (If yes give war ar dates of service) Sacred Heart Home, Hyattsville, Maryland 578-62-2462 unknown INJERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause Poge 4 may be retoined by the hospital or ottending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNUELCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION Heolth NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Not While factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this hospital) attended the deceased fram DOC 1966 tolleri . 196 /, that (1) (we) last 1962, and that death accurred at 1450 M, fram causes and an the date stated above saw the deceased alive an Chris 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR director, page 3 shauld be filed v M.D. 22d. ADDRESS 22c/ PHYSICIAN'S John F. Brennan, NAME (Type) 1034 Perry St., Washington, D.C. Jr. M.D. 20017 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23g. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL Specify Mt. Olivet Cemetery Wash. D.C. 4/19/67 Mt.Rainier 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral ADDRESS 24. FUNERAL DIRECTOR Nallevis Home Inc. Meliantes VR A15 (4) 20 M 1/66 Maryland

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05674 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death pup campletely filled in by the funeral and carban papers. Pages 1 and y event, within 72 haurs after deet PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) 4T+SUILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF 4. DATE Month Dov Year DECEASED OF DEATH 19 6 7 (Type or print) S SEX AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH edse remave BO last, birthdoy) Months Hours Dovs WIDOWED and in any DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM attending (WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT PHYSICIAN: The law requires that the death permit. (Yes, no, or unknown) (If yes give wor or dotes of service 10 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) by DUF TO signed burial, Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying cause **O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? far use NO YES 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 10 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work shauld be 21. I certify that (I) this haspital) attended the deceased fram 19 (7, that (1)) (we) last and that death accurred at 5 m. M. from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S 107K NAME (Type) 23d. LOCATION (City or Town) 230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) ADDRESS of NTASAS REMOVAL (Specify) WARRENTON 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. PINERAL DIRECTOR VR A15 (4) 20 M 1/66 Ochanles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05676 FOR PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) d. COUNTY
Prince George's o. STATE Maryland 0 Prince George's MARYLAND State Department b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)
Camp Springs 24 hours Brandywine d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? should be forworded to the Chief Medical Examiner's Office along with form Andrews Air Force Base Hospital 6-14 Cedarville Trailer Ct. 4. DATE DECEASED Donald Mulcahy April 19 67 (Type or print) D. DEATH 7. MARRIED T 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH last birthday) white male 11 Feb. 1935 WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT 13. FATHER'S NAME event within 72 hours SAME AS buriol-transit permit. (Yes, naro yuknown) (If yes give wor or dates af service) VERDA. W. MULICARY INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Laceration of brain IMMEDIATE CAUSE (o). This certificate should **DUF TO** any Canditians, if any, which gave 24 hours Multiple skull fractures rise to immediate couse (a), _ DUF TO stating the underlying cause 0 Trauma - motorcycle accident 24 hours PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS cremotion, or removal, PERFORMED? NO DC certificate. 20a. EXTERNAL CAUSE WAS PRIMARY ☐ ar CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) moy be retained for your files. FUNERAL DIRECTOR: Page 3 should Driver of motorcycle which skidded and overturned. CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 10:30am 4-29-67 19 Cedar ville bidged. 1 miles from Brandywine sge 21. I certify that I took charge of the remains described obaye, held on Autopsy Inspection x Inquiry ond in my opinion Accident x Notural couses Suicide [Homicide Undetermined monner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4-30-67 5 moy b John Kehoe, M.D. Revertable towing county) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Ocharles Judge VR A15ME (5)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE 2, and 3 to PM3. Page

d be executed within 24 haurs after death. If a "pending" in pencil in Item 18. Give Pages 1, 'S Chief Medical Examiner's Office alang with farm

the certificate, writing the ward should be farwarded to the Ch the funeral director. Page

ACTUAL

SIGNATURE

NAME (Type)

230. BURIAL, CREMATION

24. FUNERAL DIRECTOR

Buryarp

John Kehoe, M.D.

23b. DATE THEREOF

Francis Gasch's Sons Hyattsville, Md.

4/6/67

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	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lands with the State Depa	Health prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.	
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This certificate shauld

EXAMINER:

please execute

05677 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Prince George's
b. CITY OR TOWN (If outside corporate limits,
write RURAL and give neorest town) Maryland MARYLAND Prince George's c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale DOA Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X Leland Memorial Hospital 5408 40th. Avenue 4. DATE DECEASED Robert Murphy (Type or print) DEATH IF UNDER 24 HRS IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Hours 4 Oct. 1896 70 WIDOWED DIVORCED Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT RietmostS allegite Mairing er Automobile Co. TGOUNSRY?A. Nabraska396

19 67

22. DATE SIGNED

Va.

4-3-67

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert P. Murphy Sallie A. Gale 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes, nive, wor or dotes of service) 281 12 9075 Rose D. Murphy Same as #2 (wife) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY minutes IMMEDIATE CAUSE (6) Heart failure DUE TO Arteriosclerotic heart disease over 1 yr. Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO K 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection x Inquiry 😿 and in my apinian Natural causes Suicide . death resulted fram: Accident Hamicide Undetermined manner

Riverdale, Md.

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Alexanderia National

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

APR 5 196

23d. LOCATION (City or Town)

Alexanderia

VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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05678

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1. PLACE OF DEATH						(Where dec	eased lived, if institu		ence before	admissio	n)
a. COUNTY	ince George	s	MARYLAND		Mary	land	b. COU		ince	Geor	GAS
b. CITY OR TOWN	(If outside corparate limited give nearest tawn)		c. LENGTH OF STAY IN 16	c. CITY			arate limits, write RU				200
	rdale		2 hrs.40mir	1.	Hyatts	ville			11		/
	TAL OR INSTITUTION (If n	at in haspital, g	give street address)	d. STRI	ET ADDRESS		,		6	. IS RESID	DENCE
Lelan	d Memorial	Hospita	al	58	16 Mar.	yhurs	t Drive		1		NO K
3. NAME OF	F	irst	Middle		Last	4. DATI	E Man	th	Doy	Ye	ar
(Type or print)	Mary		Esther	Муел	°S	OF DEAT	и Арг	il	16.	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE)F BIRTH		9. AGE (In years	IF UNDE	R 1 YEAR	IF UNDER	_
Female	White	WIDOWED	Sep DIVORCED	4-	5-95		lost birthday) 72 yrs.	Manths	Doys	Haurs	Min.
	N (Give kind of work done		ND OF BUSINESS OR	11. BIR	THPLACE (Caunty	& State, or	fareign cauntry)		ITIZEN OF	WHAT	
during most of working secret		IN	government		I	Mo.		-	U.S.	Α.	
13. FATHER'S NAME				14. MC	THER'S MAIDEN		HILL IN				
Willia	m Corrigan			I	Blanche	Cunn	ingham				
IS. WAS DECEASED EN	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	7. INFORMA				ess)ma	MIN	E 12	D.
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18. CAUSE OF 1	EATH (Enter only one co	use per line for	(a), (b), and (1).)	1 . 11	11.00	DA.	Mul	7	INTE	RVAL BET	
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) (d)	culi Co	Elle	our	00	water?	1	ans	ET AND D	EATH OF
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PART II. OTHER	GIGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELATED	TO THE TERM	NAL DISEASE CO	NDITION G	IVEN IN PART 1(a)		19.	WAS AUTO PERFORM)PSY
ATIO									YE		NO C
	AS UNDERLYING GCAUSE OF DEATH	2Db. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter na	ure of injury in	Part I ar F	Part II af item 18.)				
	MEDICAL EXAMINER)										
20c, TIME OF IN	JURY Manth, Doy, Year	20d. If While			JRY (Home, form, affice bldg., etc.		. (City or town)	(C	ounty)	(Stote)
E 11001 0	.m. 19	at war		as A	d I	.,					
21. I cert	ify that (I) (this hos	spital) attend	ded the deceased from		1	1966	to 450	2,19		ot (I) (v	,
	deceased alive an_	agn	19 6 g and	that death	accurred at	74/0	M, fram causes				abav
22a. SIGNATURE	11	11	111/11	ATTE	NDING	MED.	STAFF	22b.	DATE SIGNE	D	-
DINESIS AND	0-00	11/0	wan	M.D. PHYS	ADDRESS O	DIRECTOR	PHYS.	1 4	110	10	1.
22c. PHYSICIAN NAME (Typ		111	ALINI	MAS	ADDRESS /	in	ende	2/	,7	12	
23o. BURIAL, CREMAT	ION. 23b. DATE TH	IFREOF	23c. NAME OF CEMETERY	OR CREMATO	2Y	734	LOCATION (City or To	wn)	(County)	15	tate)
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111 111 110		4	0 . 1.1	m.l	MT 2		1967	ller	CEO J	noge	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05679 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence Before dumission) 1. PLACE DF DEATH a. COUNTY b. COUNTY after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Maryland Prince George MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b by papers. hours Greenbel t E Greenbel t d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE Within 72 ON A FARM? 44 K Ridge Road 44 K Ridge Road YES NO DE etely executed within Don 3. NAME OF First Middle DATE Month Day Year Lest DECEASED 196 oomple ive car (Type or print) DEATH 6. COLOR OR RACE OATE OF BIRTH FUNDER 24 HRS 9. AGE (In yeers IF UNDER 1 YEAR ove y 💌 7. MARRIED NEVER MARRIED last birthday) Months Devs Hours and Nov. 3,1903 White DIVORCED 63 WIDOWED T Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) certificate be COUNTRY? and Housewife-Waitress At Home II S 0 removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph Zanes T. Sturgis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Griffin Oliver K. Address 2624 Conn. Md. 17. INFORMANT 16. SOCIAL SECURITY NO. 0 (Yes, no, or unkown) (If yes give war or dates of service) death No None Ave. Columbi cremation, Unknown Joseph the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH by PART I. DEATH WAS CAUSED BY: signed | IMMEDIATE CAUSE (a DUF TO Conditions, if any, which peen gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. certificate has CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. for use Health YES NO 20a. ACCIDENT WAS UNDERLYING [20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached this MEDICAL 20c. TIME OF INJURY Month, Day, Year (Stete) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the should the 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 122 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS. PHYS. 4 may 22c. PHYSICIAN'S NAME (Type) ADDRESS TONSVIL JOHN M. D NAME OF CEMETERY OR SPENIATORYX BURIAL DREMA DUNE 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 23a. 25a, REC'D BY REGISTRAN 25b. M MANUAL (Specify) Burial Apr. 26.1967 Arlington National 24. FUNERAL DIRECTOR Misselm CHAMBERS CO., Riverdale, Md. VR A15 (4) 15M 4-64

Prince Booming County to the County Brince George THOSE SEASON ESTA MARY ETTA D'NAUTEVILLE COL Drafter a such da ossillad-eliverson And the Court of the Asset of the Court of t dense Unknets _ Lieup Al C'Helloy Nee, Calrunt = Ph.; A PART OF THE STATE OF THE STAT g. s. majibana ot., mayardaja, no. 11 18 k.87 jagji Majawa Dazasa

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesad fived, if Institution, Rasidence before edmission . COUNTY b. COUNTY PRINCE GEORGE b. CITY OR TOWN (if oulside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Write RURAL and give nearest town) Landover Hills d. NAME OF HOSPITAL OR INSTITUTION (if fol in hospital, give street address d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince Georges General Hospital YES NO completely 3. NAME OF 4. DATE Middle Month Year DECEASED OF APRIL (Type or print) ARRISH 196 DEATH 6. COLOR OR RACE 7. MARRIED THEYER MARRIED DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Hours WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U S Government Engineer New York USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W Parrish May Prest ם 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or dates of sarvica) Birdie Parrish Landover Hills. Md. yes the permit. physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: FIBRILLATION ARRHYTHMIA, IMMEDIATE CAUSE (a) burial-transit ACUTE Conditions, if eny, which geve rise to immediate cause MORE DUE TO (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? BRONCHITS NO [prior 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc.) While Not While Hour a.m. ö at work at work p.m. 21. I certify that (I) KNIKKOSKOSO attended the deceased from JULY 1963 to APRIC 141967 that (1) (wa) last APRIL saw the deceased alive on 22e. SIGNATU DATE ATTENDING . SIGNED PHYS. DIRECTOR PHYS. eth. Page 4 HOSPITAL 22c. PHYSIC 22d. ADDRESS (Typa) James Harding. M.D. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 5 3 April 17, 1967 Ft Lincoln Cemetery Colmar Manor Pro Geo Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4 F. Gasch's Sons Hyattsville, Md. 20M 5-63

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #11 infor. taken from blu CERTIFICATE DEATH bay papers. Pages Land 2 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH b. COUNTY a. COUNTY a. STATE Prince Georges Maryland Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 5 hrs.51 mins Hvattsville Cheverly. d STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Georges General Hospital 7216-79th Ave. YES NO 4 DATE 3. NAME OF Middle Last Month Doy Year DECEASED April (Type or print) Baby Boy Pasch DEATH 19 67 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED Manths Davs Hours WIDOWED DIVORCED April 12, 1967 Male White rem an attending physician and permit. Then please rem 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) and in a COUNTRY? Cheverly, Pr. Geo. during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bruce E. Pasch Catherine Ann Simone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na. ar unknown) (If yes give war or dates of service) 10 crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) þ be retained by the haspital ar attending physician. DUE TO signed L Canditians, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🛠 NO <u>L</u> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 26d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While ot work Opt work 21. I certify the (this hospital) attended the deceosed from April 12, 1967, to April 12, 1967, that (x) (we) lost sow the deceosed clive on April 12, 1967, and that death accurred at 7:24 M/, fram couses and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR PHYS. director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S Alvarado, M. D. NAME (Type) Bernardo Prince Georges General Hospital 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE THEREOF 23a. BURIAL CREMATION REMOVAL (Specify) 4/29/6 Cremation Chevenly R BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Jr., Admin. Cheverly, Maryland Penn, 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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739 Y		

NAME (Type)

23o. BURIAL, CREMATION, Cremation

24. FUNERAL DIRECTOR

Harry W.

Bernardo Alvarado

23b. DATE-THEREOF

Penn, Jr.

4/29/67

Admin.

D.

Cheverly.

23c. NAME OF CEMETERY OR CREMATORY

rince George's Gen.

Maryland

Hosp.

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission b. COUNTY Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO 7216 - 79th Ave. 4 DATE Month Dov Year April 1967 DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Hours Dovs Min. 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? Cheverly, Pr. Geo. Co. Catherine Ann Simone Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES -NO T (City or town) (County) (Stote) and that deoth occurred of 2:52 TW, from causes and an the date stated abave. 22b. DATE SIGNED DIRECTOR PHYS. Prince Georges General Hospital 23d. LOCATION (City or Town) (Stote) (County) Maryland Cheverly 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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THE COUNTY OF THE PROPERTY OF

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH-DEPT

ny delay is 2, ond 3 to PM3. Page with form buo e certificate, writing the word "pending" in pencil in Item 1 should be forworded to the Chief Medical Examiner's Office in any event within 72 hours after ond SD cremation, or removol,

This certificate should be executed within 24 hours after death.

Give

in Item 18.

3 should FUNERAL DIRECTOR: Poge Health prior to may be

please execute the certificate,

funeral directar.

Funeral Home-1331 Rockville P 24. FUNERAL DIRECT Tyson Wh Rockville, Md.

05686 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05686 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTYPrince George's Prince George's MARYLAND b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. write RURAL and give negrest town) DOA Clinton d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Prince George's General Hospital 9222 Woodyard Rd. NO XX NAME OF Middle Lost 4. DATE Month Year DECEASED Marvin William Peters 19 67 (Type or print) DEATH IF UNDER 1 YEAR B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 58 birthdoy) Months Hours White 5 August 1908 WIDOWED X Male DIVORCED 11. BIRTHPLACE (Stote or foreign country)
West Va. 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working lite, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poland William Peters 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor of states of service) Hospital Records 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Shock and hemorrhage IMMEDIATE CAUSE (o) Bilateral hemothorax and multiple fractures -Conditions, if ony, which gove (Right tibia and Fibula, rise to immediate couse (o), Left tibia and fibula DUE TO stoting the underlying couse Right Femur) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) PRIMARY ☐ or CONTRIBUTING ☐ Struck by car while crossing street CAUSE OF DEATH. 2Dd. INJURY OCCURRED 2 2De. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yeor Hour a.m. (County) (Stole) Not While X Rt 105, at Alexandria Ferry Rd P.G. 1967 Md. 2:00 am 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my apinian death resulted fram: Natural rouses . Accident X Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/8/67 DEPUTY MEDICAL EXAMINER [3 **EXAMINER'S** John/Kehoe, M.D., Riverdale Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION (County) REMOVAL (Specify)
Burial W. Va. Hotts Chapel

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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write RURAL and give negrest town)	28 days	Hyattswille	(Adelphi)
I. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
rince Georges General H	Hospital	8406 Adelphi	
IAME OF First	Middle	Lost 4. DATE OF	Month Doy Year
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ale White WID		10 Oct. 1901 65	hdoy) Months Doys Hours M
USUAL OCCUPATION (Give kind of work done Thouse Wife fiven if retired)	10b. KIND OF BUSINESS OR WON'S Home	11. BirthPLACE (County & State, or foreign country New Jersey	12. CITIZEN OF WHAT
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Frank Kartlai		Sophia Westerlund	
WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address
to	578 46 2090T No	orman E. Peterson: S	Sr. Same as #2
18. CAUSE OF DEATH (Enter only one couse per I	line for (97, 16), and (c).)-	1) the had of	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	or conoma	1 The man of	1,4
Conditions if any which gave		y Domereas	
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	UTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES \$230 NO
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item	1 -5
00 Title on minimum 11 d D V	20d. INJURY OCCURRED While Not While of work foctor		town) (County) (State
21. I certify that (I) (this shospital)	attended the deceased from	tel 1 , 19 6/, to Apr	11 27, 1967, that (I) (xxx)
	1 27 167 , and that	death occurred at 30 AMA, from a	
220. SIGNATURE	M.D	D. PHYS. DIRECTOR L. PHY	FF 22b. DATE SIGNED S. U 4/1 VG 7
22c. PHYSICIAN'S NAME (Type) Aaron Deitz,	M. D. ?		za,Hyattsville, Md.
BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY . 23d. LOCATION (Ci	ty or Town) (County) (State)
	NAME OF HOSPITAL OR INSTITUTION (If not in horince Georges General Inceeding General Georges General Inceeding General	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) PINCE GEORGES GENERAL HOSPITAL AME OF First Middle	NAME OF HOSPITAL OR INSTITUTION (If not in hospital

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 moy be retained by the hospitol or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05688 CERTIFICATE OF DEATH

Francis Gasch's Sons Hyattsville, Maryland

the attending physician and completely filled in by the funeral sit permit. Then please repove carban papers. Pages 1 and nation, ar removal, and infangevent, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince George o. STATE Maryland MARYLAND Prince George b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RIVERDALE c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 2 days Univeristy Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Eugene Leland Memorial Hospital 652] LOth Avenue YES NO X NAME OF 4. DATE lost Month Doy Year DECEASED (Type or print) Pauline Phelan April 20 19 67 Mary DEATH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. **NEVER MARRIED** last birthday) Months Doys Hours White WIDOWED DIVORCED Female 4-27-07 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during out of working his, even if retired) WH Home COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel L. Reynolds Mary M. Pendergast IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) none daughter in law/medical record crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN HEMORRHAGE ONSET AND DEATH ACUTE CEREBRAL IMMEDIATE (AUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO far use as the L Health priar tab stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO YES V 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that death accurred at 10 AM, fram causes and an the date stated obave. 22o. SIGNATURE M.D. DIRECTOR director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) C.J. Houmann, M. D. 4404 Queensbury Road, Riverdale, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Silver Spring Montg. Md. 23b. DATE THEREOF 23o. BURIAL, CREMATION, 4/22/67 Gate of Heaven BREMOVAL Specify) 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR

TO FUNERAL DIRECTOR: After

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

burial-transit

this certificate has been signed by

Page 4 may be retained by the hospital ar attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05683 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in Iny Event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

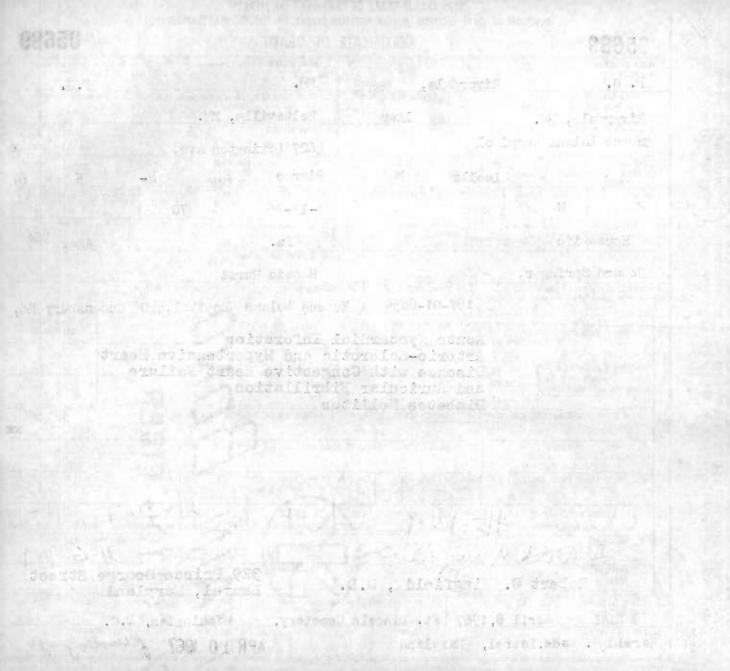
Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

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1. PLACE OF DEATH 0. COUNTY										
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write RURAL an	d give nearest town)		1Day		Beltsvil		,		6.1	
d. NAME OF HOSPI	TAL OR INSTITUTION (If not i	in haspitol, giv			d. STREET ADDRESS	ree Mue		/ ()		IS RESIDENCE ON A FARM?
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3. NAME OF	First		Middle		last	4 DATE	Manth	1	Dov	Year
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S. SEX F	6. COLOR OR RACE	7. MARRIED E WIDOWED	NEVER MARRIED DIVORCED		6-13-96	9. AGE last	In years pirthday) O yrs.		Days	Haurs Min.
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13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
Howard	Springer,				Hattie Hu	ırst				
		16. SO	CIAL SECURITY NO.	17. 1	NFORMANT		Addres	ss		
(7 es, na, ar unknawn)	ER IN U.S. ARMED FORCES? (If yes give war or dates af s	187-	-01-8654	E	igene Leland	d Hospita	1.440	8 Quee	nsb	urv Rd.
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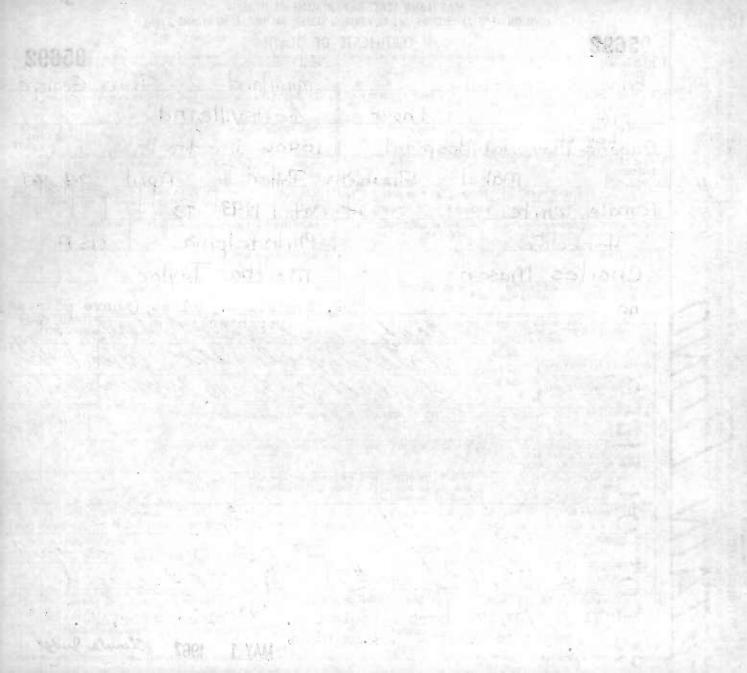
37		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	MARYLAND
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s the ian. y the mit.		18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c).] PART I DEATH WAS CAUSED BY: 13. 1. 2. C. h.D. DW C. 4. M.D. W. 1.	INTERVAL BETWEEN ONSET AND DEATH
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ING I by After Ache Hea	DICAL	2Dc. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, '20f. (City or town) factory, straet, office bldg., etc.)	(County) (Stata)
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De pe De pe		21. I certify that (I) (this hospital) attended the deceased from. 3/2-9, 1967 to	
a porte		saw the deceased alive	
Dische She She		220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	22b. DATE SIGNED
ITAI age 4 RAL page vith t		22c. PHYSICIAN'S NAME (Type) NORMAN). Comence 22d. ADDRESS Penny 57	- MT Privier
HOSPIT oth. Pag PUNER setor, pa filed wi	22	138, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Iown	or county) (State)
direction File	23	REMOVAL (Specify)	
H H	24	Burial 4 April 1967 Mt. Olivet Cemetery Wash., D.C. ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTR	
VR A15 (4) 15M 9/60		RINALDI FUNERAL HOHE WASH. D. C. DAPR A 1967 YOU	ares Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05691 physician ond completely filled in by the funerol in please remove carbon papers. Pages 1 and 2 ien please remove carbon papers. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o STATE b. COUNTY Prince George's Prince Gorge's MARYLAND requires that the death certificate be executed within 24 hours after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give negrest town) 1 day Mitchellville e. IS RESIDENCE ON A FARM? YES NO ve carbon papers. event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Prince George's General Hospital Box 6 3. NAME OF First Lost 4. DATE Month Dov Year DECEASED (Type or print) G.ibson Estelle Plotts DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdoy) Months Dovs Hours Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OWN Home Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, Iola Pearl Lane Robert V. Gibson. Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Box 6 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 0 William S. Plotts-Mitchellville, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I, DEATH WAS CAUSED BY: cremot ONSET AND DEATH buriol-transit Acute Myocardial infarction IMMEDIATE CAUSE (o) þ physicion. DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Poge 4 may be retained by the hospital or attending os the prior to hos been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO this certificate Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INIURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While ot work After ot work 21. I certify that (1) (this hospital) attended the deceased from 196/, that (1) (we) last plnous and that death occurred at 10:15M. from causes and on the date stated obave. saw the deceased alive an 1 TO FUNERAL DIRECTOR: 220. SIGNATURE DATE SIGNED M.D. DIRECTOR be filed PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. A. Clark Holmes 4108 Pratt St., Upper Marlboro, director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL CREMATION. 10 67 Washington Nat'l Cem Suitland Md. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Ritchie Bros. Upper Marlboro. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05692 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral law, carban papers. Pages 1 and y evect, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before a. COUNTY o. STATE b. COUNTY Geom Prince George Count MARYLAND mary b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) hour d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Lelana Eugene Hemoria 0906 NO 4 NAME O 4. DATE last Year DECEASED OF DEATH 1967 (Type ar print) S SFX 6. COLOR OR RACE IF UNDER 1 YEAR NEVER MARRIED DATE OF BIRTH AGE (In year birthdoy) Manths remar Doys Hours in any WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) the attending physician sit permit. Then please INDUSTRY and Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN signed by the attendi burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service 5 address Mrs. Virginia Rolfes. (above DO burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave (b) rise ta immediate cause (a). DUE TO stoting the underlying couse as the certificate has been State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS Y ar use NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur 'a m foctory, street, office bldg., etc.) FUNERAL DIRECTOR: After at wark at wark 1956 21. I certify that (I) (this haspital) attended the deceased fram ge 3 shauld l led with the S saw the deceased alive an. 196 and that death accurred at 72 M, fram causes and an the date stated above 22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. PHYS. DIRECTOR directar, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 2 Fort Lincoln Com Colmar Manor 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 25M 1/67



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any dela , 2, and n PM3. F				R INSTITUTION (If not in hospital, give street address)			Hyattsville d. STREET ADDRESS				16.1		
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hours ofter deoth. If a litem 18. Give Poges 1, Office along with form I and 2 with the State Department	S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D Del 8	B. DATE OF BIRTH	0.00	9. AGE (In year	ors IF UNDER	R 1 YEAR IF	UNDER 24 HRS	
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24 hours in Item 1 Office I and 2	10o. US during	lo. USUAL OCCUPATION (Give kind of work done programs) of working life, even if retired) Restaurant				11. BIRTHPLACE (State or foreign country) West Virginia				12. 0	12. CITIZEN OF WHAT COUNTRY?		
il in 24 after after after		THER'S NAME		Res	taurant		14. MOTHER'S MAIDEN		a		. S. A.		
vithi amir e po			Powell Sr.	Alice M. Stanton									
ed v in lin lin lin lin lin lin lin lin lin l	IS. W	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address											
ecut ling" edicc ermi		Yes (If yes give wor or dotes of service) 579 38 2929 Mrs. Paula A. Jensen Same as #2 (sister) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)											
e ex penc ef M sit p) IE	PART 1. DEAT	TH WAS CAUSED BY:			- 5						AL BETWEEN AND DEATH	
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se execute the certificate, writing the word "pending" in pencil in Item 18. Give Page ctor. Page 4 should be forwarded to the Chief Medical Examiner Office along with fined for your files. ECTOR: Page 3 should be used as 6 burial-transit permit. File page 1 and 2 with the State burial, cremotion, or removal, and in any event within 72 hours after death.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS. PERFO. YES TO										S AUTOPSY REORMED?	
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cat EXA	-	p.m. 19 of work of work 21. I certify that I taak charge af the remains described abave, held an Autapsy 🔀, Inspection 🛣, Inquiry 🛣, and in my apinia											
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Y N ple al d al d b ret properties to the proper		GNATURE	lotth.	10	In	-	M.D. ASSISTANT MI				22.	DATE SIGNED	
O DEPUTY MEDICAL EXAMINER: necessory, pleose execute the certithe funeral director. Page 4 should 5 may be retained for yaur files. O FUNERAL DIRECTOR: Page 3 should be of the prior to burial, cremotion, o	E) N	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 4-19-67											
TO DI The the to FU	23o. B	URIAL, CREMATIC		IEREOF	23c. NAME OF CEN	METERY OR O		23d.	LOCATION (City o		(County)	(Stote)	
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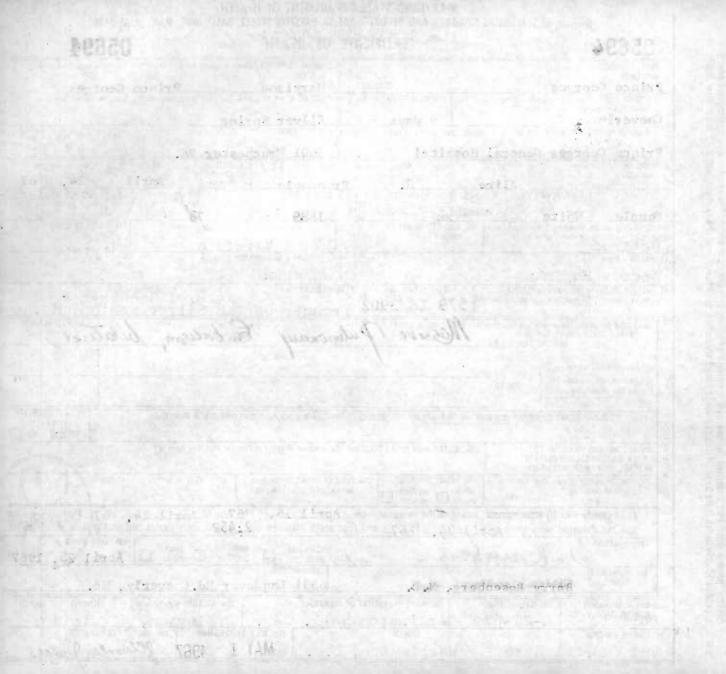
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATHER Ttem 05694 death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b COUNTY Prince Georges MARYLAND Maryland van papers. Pages 1 within 72 hours after Prince Georges and campletely filled in by the T b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 1b. requires that the death certificate be executed within 24 haurs Cheverly days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? YES NO Prince Georges General Hospital 8601 Manchester Rd 3 NAME OF Middle 4. DATE First Manth Year Day DECEASED April 24 19 67 (Type ar print) DEATH Alice Prendable IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last, birthday) Months Days Hours WIDOWED DIVORCED 1889-7-22 Female White 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIR. HPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT and in during mast af working life, even if retired) COUNTRY? INDUSTRY West Virginia Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Andrew Huffman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Manchester Rd 10 579 3902 18 Frances Darwi crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: USSIVE IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUF TO stating the underlying cause attending as the has been last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES *X NO TO FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or ī 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (County) Hour a.m. factory, street, affice blda., etc.) While Not While at wark at wark 21. I certify that (I) this showards) attended the deceased from April 15, 1967, to April 24, 1967, that (I) (we) last sow the deceased olive an April 24 1967, and that deoth occurred at 2:45 PM, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING April 25, 1967 M.D. PHYS DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 6501 Landover Rd. Cheverly, Md. Barry Rosenberg. M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL CREMATION. (State) Burial (Specify) Arlington, Virginia REGISTRAR 25b. REGISTRAR'S SIGNATURE 4-27-67 Arlington Natl. Cem. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATMAY 1967 Lee Funeral Home Washington. D.C.



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death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
05696
CERTIFICATE OF DEATH

0000	00000
1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Prince George MARYLAND	Maryland Pr. Geo.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)
Olinton 20-Years	Olinton //a//
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Juliette Drive	Juliette Drive YES NO 🖾
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) JOHN M.	PRYDE DEATH April 12th 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDDWED DIVORCED	August 31-1904 62 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (GIVE kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 5chool	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
V Principle—Surrattsville Senior High	Pa. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Pryde	Agnes Mc Multy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	INFDRMANT Address Same # 2
(Yes, no, or unkown) (If yes give war or dates of service) Mrs	s. Elizabeth A. Pryde (Wife) as
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1/201 MMEDIATE CAUSE (a) how conditions	7 000
DOE TO N	and vaid Remy alper la year
Conditions, If any, which gave rise to immediate (b)	nai Vad the teles de yes
cause (a), stating the DUE TD	
underlying cause last. (c)	
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20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
20a. ACCIDENT WAS UNDERLYING DECOMBED TO DESCRIBE HOW INJURY OCCUPED TO DESCRIBE HOW INJURY O	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	y, street, office bldg., etc.)
21. I certify that (1) this hospital) attended the deceased from	4-16, 1958, to 4-12, 1967 that (1) (we) last
	death occurred at 6.160 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 122b. DATE SIGNED
Ouche h Dolson M.D.	PHYS. X DIRECTOR PHYS. APTIL 12-1901
22c. PHYSICIAN'S NAME (Type) Dr. Richard H. Dobson	22d. ADDRESS Brandywine, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) April 15-67 Plum Creek Cer	
24 EMIEDAL DIRECTOR - ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
and Brod	ADD 1 A 1007 Minute, with
Simmons Bros. 1661- Gd. Hope Road Se. Wash	1. JUO DALIVITE DOLL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Prince Georges Maryland Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 days Riverdale Hvattsville .⊑ bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Eugene Leland Memorial Hospital 5731 29th Avenue YES ND letely pou NAME DE First Middle DATE Month Day Year DECEASED 1967 4 Marie Car (Type or print) Procel DEATH compl Purcel executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED remove NEVER MARRIED tast birthday) Months | Days Hours any White and Fem. WIDOWED X 9-3-82 DIVORCED VIS. = 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT sician ease r 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) INDUSTRY England Housewife law requires that the death certificate ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Potts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 9 (Yes, no, or unkown) (If yes give war or dates of service) Hospital Admission Record 215-50-0126 cremation. the INTERVAL BETWEEN ONSET AND DEATH been signed the the burial transit price to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) SS CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? ND [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYINC ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) tached f MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) should be de factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive or 22a. SICNATURE 22b. DATE SIGNED pe DIR MED. DIRECTOR page ATTENDING O HOSPITAL PHYSICIAN'S 22d. ADDRESS director, pa FUNERAL NAME (Type) RIVERDALE 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREDE 23d. LOCATION (City, town or county) REMOVAL (Specify) April 18, 1967 Burial Ft Lincoln Cemetery Colmar anor Pro Geo Md. ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Hyattsville, Md. F. Gasch's Sons VR A15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

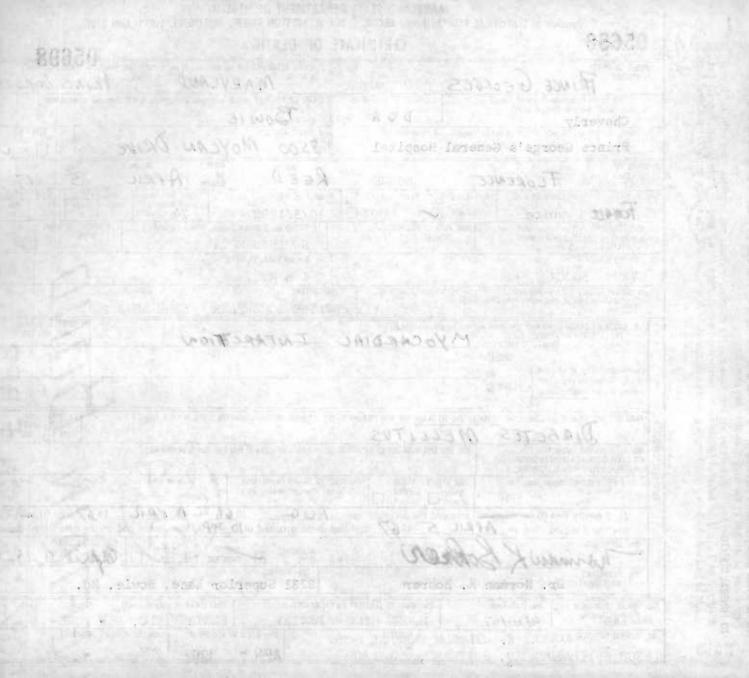
4308 SUITLAND ROAD, SUITLAND, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

05698 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. COUNTY b. COUNTY EORGES PRINCE GEORGE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) DOA YOW IE Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 3500 MOYLAN Prince George's General Hospital YES NO L 3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED E FLARENCE BOUCK 196 (Type or print) DEATH 1 YFAR IF LINDER 24 FIRS IF UNDER 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** lost birthdov) Months Dovs Hours TEMALE white WIDOWED DIVORCED 10/3/1892 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWIFE COUNTRY? INDUSTRY SOUTH DAKOTA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BOUCK CYRUS IDA HOYT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) PAULINE SCHEUFLER SAME AS # 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH OCARDIAL INFARCTION IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION ELLITUS NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased from_ KUG-, 1966, to A PRIL, 1967, that (1) (we) lost saw the deceased alive on APRIL 5 1967, and that death occurred at 10 30PM, from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Norman K. Bohrer 3231 Superior Lane, Bowie, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) BUREMOVAL (Specify) MOUND HILL CEMETERY PARISHVILLE, NEW YORK 4/10/67 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ROBERT E. WILHELM FUNDERSAL

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral toward t and in any and physician a nen please remava burial-transit signed by by the haspital or attending physician. burial O FUNERAL DIRECTOR: After this certificate has been priar ta far use as the af Health detached be retained Page 4 may directar,

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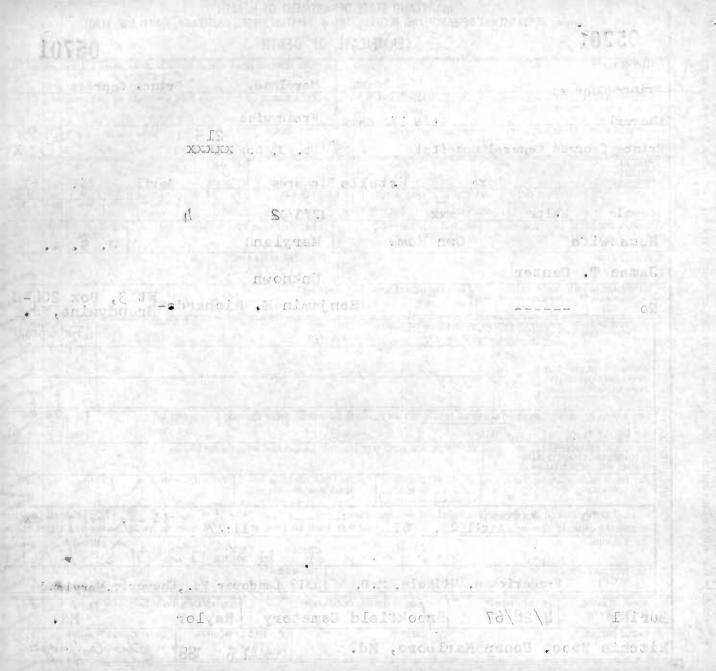
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #7 Film #G388 4/26/67 pg CERTIFICATE OF DEATH 05699 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
o. STATMaryland b. COUNT rince George's and campletely filled in by the funeral remave carban papers. Pages 1 and vurial-transit permit. Then please remaye carban papers. Pages 1 and burial, cremation, or removal, and in any event, weithin 72 hours after deat 1. PLACE OF DEATH Prince George's a. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 days Lanham d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 6901 Riverdale Rd. YES NO 3. NAME OF DECEASED First 1 Lost 4. DATE Year 67 April MATILDA RENALDS B. 19 DEATH (Type or print) 9. AGE (In years last highday) IF UNDER 24 HRS. S SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED Months Aug. 12, 1884 Doys Haurs White Female WIDOWED DIVORCED 12. CITIZEN OF WHAT US. A. 100. USUAL OCCUPATION (Give kind of work done during most of warking life eyen if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Hosbital Warren Co, Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Casper L. Craig Linda Triplett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, m. 8 runknown) (If yes give war ar dotes af service) 220 54 1249 17. INFORMANT Lauretta G. Rusk Same as #2 (daughter) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO XX 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur o.m. Nat While of work ot wark 21. I certify that (I) (this haspital) attended the deceased fram. 19 17, and that death accurred at 6:45 A M, fram causes and an the date stated abave. saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. 22d ADDRESS NAME (Type) Frederick H. Wilhelm, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL CREMATION. B REMOVAL Specify) 4/4/67 Prospect Hill Front Royal Va. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Muniley VR A15 (4) 20 M 1/66 Francis Gasch's Sons Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05702 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence o. COUNTY o. STATE Maryland b. COUNTY 0 Prince George's Prince George's MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 and with the Stote Deportm Hyattsville Cheverly 4 days d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form 14 Give Poges YES NO TX 7624 Kilmer Street Prince George General Hospital This certificate should be executed within 24 hours after death. Office along with NAME OF Middle 4. DATE Lost Month Day Year DECEASED Albert Rogers 19 67 (Type or print) DEATH IF UNDER 24 HRS. NEVER MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED lost birthdoy) Months Dovs Hours in Item 18. WIDOWED DIVORCED 22 May 1912 male white 11. BIRTHPLACE (State or foreign country) 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Construction UPUNSY?A. Virginia the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME Irene Bowler pencil 13. FATHER'S NAME Joseph Rogers 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na or unknown) (If yes give war ar dates of service) 17. INFORMANT within 72 16. SOCIAL SECURITY NO. permit. Joseph Rogers Jr. Same as #2 none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH ond in any event IMMEDIATE CAUSE (0) Laceration of brain writing the ward DUE TO Fracture of skull Conditions, if ony, which gove should be forwarded to rise to immediate couse (o), DUF TO stoting the underlying couse cremation, ar removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate, NO X 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 3 should CAUSE OF DEATH. Fell at home. 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) While foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge same as #2 2:300m p.m. 4-20ot work Home ot work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inspection , Inspection , ond in my opinion Accident X // Suicide Notural couses . Homicide Undetermined monner deoth resulted from: funerol director. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) John Kehøe, M.D. Riverdale, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) 0 Burial (Specify) Rollins Fork Va. 4/26/67 Grace Cemetery 24. FUNERAL DIRECTOR ADDRESS Lives Inde

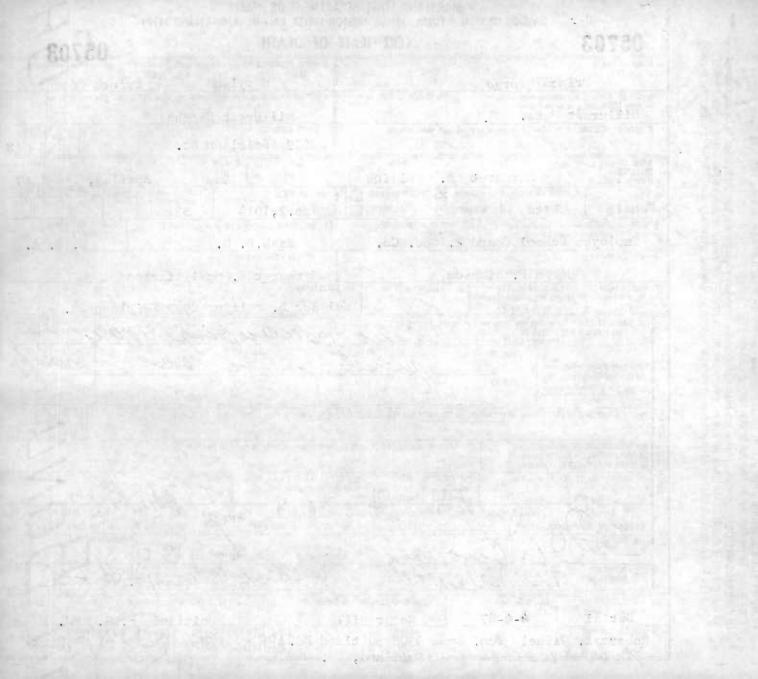
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Francis Gasch's Sons Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05703 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George Maryland Prince George cian and campletely filled in by the forease remave carban papers. Pages tond in any sevent, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
Hillcrest Hgts. c. CITY DR TDWN (If gutside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 The law requires that the death certificate be executed within 24 haurs Hillcrest Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 10 2909 Fairlawn St. YES NO 3 NAME OF Middle First Last 4. DATE Month Day Year attending physician and campletely permit. Then please remave carban DECFASED Margaret Rollins April 2. (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR DR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Vemale. White WIDOWED DIVORCED Jan. 2, 1914 10m. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT dering most of working life, even if retired)
Employee School COUNTRY? Geo. Co. Wash.D. C. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, George F. Simpson Margaret E. McWilliamson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes, ng, or unknown) (If yes give war ar dates of service Wallace L. Rollins 2909 Fairlawn St. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) attending physician. DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been detached far use as the e Dept. af Health priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Nat While at wark TO FUNERAL DIRECTOR: After Light that (1) (this haspital) attended the deceased fram be retained and that death accurred at 397/M, from Jauses and an the date stated above saw the deceases alive 22g SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. PHYS DIRECTOR PHYS 22c. PHYSICIAN'S 22d. NAME (Type) 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 4-4-67 Cedar Hill Suitland G REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 25M 1/67 Wilhelm Bun Home 1967



1	1 3	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10	# F0 # B	05704 CERTIFICATE OF DEATH 05704
	the funeral ges I and 2 after death	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Besidence before admission)
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	executed within 2	3. NAME DF DECEASED First Middle Last SR 4. DATE Month Day Year
	comple ve carl event,	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. PATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR FUNDER 24/HRS.)
	execute rend co remove reny ev	M. WIDOWED OIVORGED Dec. 21, 1874 92 yrs. Months Days Hours Min.
	4) E 0) =	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR J1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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	cer endir t. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or, unflown) (If yes pive war or dates of Service)
	requires that the death certificate ding physician. been signed by the attending physithe burial-transit permit. Then ple to burial, cremation, or removal, a construction of the burial construction of the burial construction.	NU (18 yes give war or dates of service) OSI 070/58 Mes. Killa M. Rusenlurger (same as #2)
	at the deat ian. d by the at ransit pern cremation,	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	cian.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infaction 5 min.
	sign sign urial nurial	Conditions, If any, which) (b) Arterioscherotte Cardiovascular de years.
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	OR ATTENDING P be retained by t NRECTOR. After ge 3 should be ded with the State	p.m. 19 at work
	L OR ATTENOI by be retained OIRECTOR: A age 3 should siled with the	saw the deceased alive on Lec Z 19 66, and that death occurred at 73 4M, from the causes and on the date stated above.
	IR AI	220. SIGNATURE 22b. OATE SIGNED ATTENDING MEO. STAFF
	AL ON File	/22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
	SPII)	NAME (Type) JAMES R. COLENAN 9241 COLUMBIA BLVD SIEVER SPRING.
	TO HOSPITAL OR Page 4 may be to FUNERAL OIRI director, page should be filed	233. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		24. EUNEDAL DIRECTOR , ADDRESS 252 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05705 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COLINTY o. STATE Maryland b. COUNTY Prince George's State Department of delay is Page Prince George's MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest tawn) c. CITY OR TOWN (If outside carparote limits, write RURAL and give neorest town) CLENGTH OF STAY IN 16 Hvattsville Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS with farm NO X 9533 Riggs Road YES 18 Give Pages 9533 Riggs Road "be executed within 24 haurs after death "pending" in pencil in Item 18 Give Page NAME OF First Middle Last 4. DATE Month Doy Year DECEASED 67 John Ross (Type or print) DEATH alang 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Doys Haurs death WIDOWED 4 DIVORCED 16 Feb. 1883 White Male please execute the certificate, writing the ward "pending" in pencil in Item J directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT U.S. A. Ret. Coal Miner Coal Minning in any event within 72 haurs after Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ross 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na. ar unknawn) i(If yes give wor ar dates of service) Patrick Ross Same as #2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Massive bilateral anthra silicosis This certificate shauld writing the ward Canditions, if any, which gove (b) And bilateral bronchopneumonia rise ta immediate cause (a), DUE TO stating the underlying cause OS be used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) removal, YES X NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld OL PRIMARY ar CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Page . Not While at work at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry x, ond in my apinion DIRECTOR: Notural courses & Accident Suicide . Homicide Undetermined manner death resulted framfuneral directar. CHIEF MEDICAL EXAMINER priar ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** 4-26-67 Riverdale, Md. Health NAME (Type) John Kehoe. M.D. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (State) 23a. BURIAL, CREMATION (Caunty) 0 Burial (Specify) 4/28/67 George Washington Hyattsville P.G. Md. 256. REGISTOAR'S SIGNATUR VR A15ME (5) DATE APR 28 Francis Gasch's Sons Hyattsville, Md.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05706 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Rence before odmission) o. COUNTY NCE GEORGES MARYLAND by III. b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 haurs o write RURAL and give nearest tawn .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? filled LAND GENS RAL HOSPITAL within YES NO NAME OF carban Middle DATE Dov Year DECEASED 055 (Type or print) 2 DEATH 5 1967 6. COLOR OR RACE 7. MARRIED IF UNDER 1 YEAR NEVER MARRIED DATE OF BIRTH 9_AGE (In years remaya lost birthdoy) Months NEARO WIDOWED DIVORCED -/2 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? an BARRER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remava 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or upknown) (If yes give war or dates of service) 10 one 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial, cremat PART I. DEATH WAS CAUSED BY ONSET AND DEATH burial-transit CARDIAC ARREST IMMEDIATE CAUSE (a) þ ar attending physician. DUE TO signed l 4 MONTHS CARDIO PULMONAY Conditions, if ony, which gove 1 NSUFFICIENC rise to immediate couse (a). DUE TO stoting the underlying couse peen as the SCLERODERMA YEARS lost has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Health ! MYOCARDIAL IMFARCTION NO this certificate YES for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) the haspital OR CONTRIBUTING CAUSE OF DEATH af (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this haspital) attended the deceased fram. 125 1967, that (1) (ast Page 4 may be retained 0 and that death accurred at 11.15 A.M. fram causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive an 25 1967 22o. SIGNATURE 22b. DATE SIGNED page 3 DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS O HOSPITAL directar, pa shauld be f NAME (Type) 50 GEN. HOSP. CLINTON, MICH MARYLAND 23o. BURIAL CREMATION. 23C-NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town (County) (Stote) REMOVAL (Specify) veens Chake 2 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 timeles

MARYLAND STATE DEPARTMENT OF HEALTH

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S O	e. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in	Pert I or Pert II of item 18.)	
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-	p.m. 19 . I certify that (I) (this hospital)	et work at work	ADADA 1	ola APRI	1 1067 11 11 (1)
	w the deceased alive on				and on the date stated ab
	2e. SIGNATURE	A A			22b. D
	merman K	. Bohren ,		ED. STAFF RECTOR PHYS.	1 April 9, 196
22	Cc. PHYSICIAN'S NAME (Type)		22d, ADDRESS	Oreno I an	F Prive Ma
	NAME (Type) Norman K I		3231 5	UPERIOR LAN	E BOWIE, MD.
23e. E	NAME (Type) Norman K I	EOF 23c. NAME OF CEMETERY	3231 50 OR CREMATORY	PERIOR LAN. 23d. LOCATION (City, Colman Manor	
23e. E	NAME (Type) Norman K I	EOF 23c. NAME OF CEMETERY	323/ 50 OR CREMATORY Cemetery	23d. LOCATION (City, Colmar Manor	Pro Geo Md.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05703 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY PRINCE GEORGE'S MARYLAND MARYLAND PRINCE GEORGE
c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 24 haurs after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b HTILCREST HGTS ANDREWS AIR FORCE BASE DOA

d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? 2304 DAWSON ST. USAF HOSPITAL ANDREWS YES NO X that the death certificate be executed within 3. NAME OF Middle (St. Onge) Lost 4. DATE Day Year DECEASED (Type or print) JOSEPH MILTON STONGE DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Days Hours APRIL MALE CAU WIDOWED DIVORCED HOSPITAL 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired)
RETIRED NAVAL OFFICER MERIDEN, CONN USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOSEPH E. ST ONGE SARAH JANE WALSH IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address THIS (Yes, no or unknown) (It yes give war ar dates af service) MRS MARY E. STONGE SAME AS # 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) Aneurysm inferior mesenteric INTERVAL BETWEEN COUNTY ONSET AND DEATH PART I. DEATH WAS CAUSED BY: artery with rupture and hemorrhage. TO DUE TO INS D Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [RELEASED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (A) (this haspital) attended the deceased fram 7 MARCH , 1967 , ta Li APRIL , 1967 , that (4) (we) last saw the deceosed alive on 29MARCH 19 67, and that death occurred at 829P M, from couses and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF **APRIL 1967** M.D. DIRECTOR PHYS. 22d ADDRESS USAF HOSPITAL ANDREWS, ANDREWS AFB, 22c PHYSICIAN'S NAME (Type) ARTHUR A. ALTMAN, MAJ, USAF, MC directar, 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF REMOVAL Specify) Apr. 7-1967 Arlington Nat. 1 Arlington. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 mmons Bros. 1661-Good Hope Rd SE Wash DC DAAPR 7



MARYLAND STATE DEPARTMENT OF HEALTH

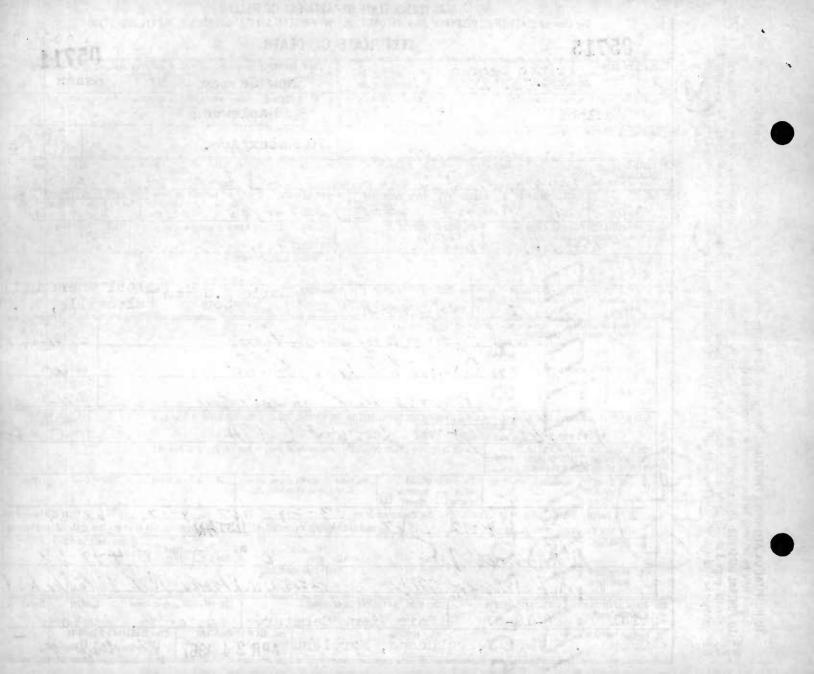
1)		0571	0	CERTIFICAT	E OF DEATH		05709
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7 95	1		TAL OR INSTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
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25		DECEASED (Type or print)	ALICE		SAMPSON	OF DEATH APRIL	
200		SEX FEMALE		NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 30 MAR 04	9. AGE (In years lost birthdoy) 6.3 yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min
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		HOUSEWI FATHER'S NAME	life, even if retired) FE	NA	CONCORD.		USA
		ADELBER	T MESSER		CLARA CH	APLATN	
b	1S. (Ye	WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of servi	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	SS
		NO CAUSE OF D	NA NA	1045-38-4688	HUSBAND	SAME	AS #2 INTERVAL BETWEEN
מסומי אסוומי מו נפוומאסי מוס וו מול פאפוד		PART 1. DEA	EATH (Enter only one couse per ITH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		ardiovascu	lar failui	CHICCT AND DEATH
		Conditions, if ony	(, which gove) (b) _	Septic Shoci	K		4 days
		stating the unde		Congestive	Heart Fa	ilure	11 month
2	NO	PART II. OTHER S		BUTING TO DEATH BUT NOT RELATED TO		1	19. WAS AUTOPSY PERFORMED?
	FICATI	HNEMI	S UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED	Diabetes	Mellitus	YES NO
	AL CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY	G 🗆 CAUSE OF DEATH (MEDICAL EXAMINER)				
	MEDICAL	Hour o.	URY Month, Doy, Yeor m. m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
		21. I cert	ify that (I) (this hospitol) leceased alive on	ottended the deceased from_ April 19 67, and th	at death accurred at	2:20 PM, from causes	11, 19 <u>67,</u> that (I) (we) I and on the date stated abo
2		220. SIGNATURE	1/	ton ma-		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
90		22c. PHYSICIAN'S	5	STOW, CAPT USA	r m.	SAF Hospita	
	230	BURIAL, CREMATI	4		R CREMATORY	23d. LOCATION (City or Tov	
7			11 -01 -01			ARLINGTON, V	
	24	21. I cert saw the c 220. SIGNATURE 22c. PHYSICIAN' NAME (Type BURIAL, CREMATI REMOVAL (Specif	ify that (I) (this hospitoly leceased alive on Brisis SJOHN W. BRI ON, 23b. DATE THEREOF 4/13/67 OR ROBERT E. WI	ottended the deceased from April 19 67, and the STOW, CAPT USA!	at death accurred at A A.D. ATTENDING PHYS. 22d. ADDRESS U R CREMATORY ATIONAL	MED. STAFF DIRECTOR PHYS. K SAF Hospita ACHEMIS AFB 23d. LOCATION (City or Tow ARLINGTON, V DRY DECISTABLE 1955, BE	and on the date 22b. DATE SIGNE 1 // April 1 Andre: Wash DC. (County)

VR A15 (

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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THE RESIDENCE OF THE PROPERTY			
		LINES SIA HE TO SEE THE SECOND	Le Carrier Tropico

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05715 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission physicion and completely filled in by the funeral en please, remove corban papers. Pages 1 and PLACE OF DEATH Prince George Essex LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carpetate limits, Maplewood 4-17-6 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 70 Essex Ave. YES NO S 3. NAME OF Middle Last 4. DATE Yeor DECEASED C 7 0 19 47 AYONCA (Type ar print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths WIDOWED DIVORCED - 27-1895 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during mast af warking tite, even if retired) INDUSTRY COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME INFORMANT . Sorom IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war or dates of service) Beltsville, ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause os the O FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO for 205. DESCRIBE HOW INCURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (County) (State) Nat While factory, street, affice bldg., etc.) at wark _____, 1967 that (D) (we) last 21. I certify that (1) (this hospital) attended the deceased from_ 19 67, ta 4-17 -12 19 7, and that death occurred at 1855 African causes and an the date stated above. saw the deceased olive on 22a. SIGNATURE 22b DATE SIGNED ATTENDING M.D. PHYS PHYS director, page 3 should be filed 22c. PHYSICIAN'S 22d. ADDRESS 2513 By NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF Bur REMOVAL (Specify) Fair View 4-19-67 Cemetery Amsterdam, New York
EGISTRAR 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR Milarles PUMPHREY, Bethesda, Maryland VR A15 (4) 20 M 1/66



TO FUNERAL DIRECTOR: After be retained director, page 3 shauld be filed v VR A15 (4) 25M 1/67

ATTENDING PHYSICIAN: The

requires that the death certificate be executed within 24 haurs after death

REMOVAL (Specify) Seals Farm 4-4-57 Buria 24. FUNERAL DIRECTOR **ADDRESS** Lavtonsville, Md. Francis H. Barber

Andrew G. Aronfy

23b. DATE THEREOF

Etchison, Mont. Md.

STAFF PHYS.

23d. LOCATION (City or Town)

22c. PHYSICIAN'S

BURIAL, CREMATION

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

DIRECTOR

Prince Georges General Hospital

ADDRESS

April 4, 1967

(County)

e. IS RESIDENCE ON A FARM?

Day

Days

COUNTRY?

YES NO X

Year

IF UNDER 24 ARS

19

Hours 5

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

(County)

NO A

(State)

(Stote)

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, a Limba wa	April 3. GV An Xing Xing Xing Xing Xing Xing Xing Xin	and 3 ar	Order
aon, Mont. Ma.		Seals F Laytonsville, Nd.	The Later of the Court

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05712 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Prince Georges a. COUNTY o. STATE Princed Georges Marvalrid MARYLAND law requires that the death certificate be executed within 24 hours after Pages b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)
Cheverly 3 hrs Jessup campletely filled in brave tarban papers. d. NAME OF HOSPITAL OR INSTITUTION (if nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospitsal Box 297 YES NO R 3. NAME OF physician and campletely len please remaye tarban First Middle 4. DATE Doy Lost Month Year DECEASED Baby Boy Seal 3 April (Type or print) 1967 DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days Haurs Sup WIDOWED White DIVORCED Male 3 April 1967 3 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT 2 during mast af warking life, even if retired) INDUSTRY COUNTRY? USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME by the attending phy Larry Seal Sandra Lee Shaw 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates af service 0 crematian, 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p burial, cremating PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) 716X DUF TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO offending | stoting the underlying couse as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? ATTENDING PHYSICIAN: The CERTIFICATION NO TY certificate the haspital ar 10 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) TO FUNERAL DIRECTOR: After this (County) Haur 'a.m. factory, street, office bldg., etc.) Not While State at wark at wark shauld be 21. I certify that (1) (this haspital) attended the deceased from April 3. 195670 (April 3, 1967, that (I) (we) last at 5.20 M, fram causes and an the date stated abave. be retained filed with the saw the deceased alive on April 3, 1967, and that death accurred at 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF 8 M.D. PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS director, po should be f NAME (Type) Andrew Aronfy G. Prince Georges General Hospital 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 4-4-67 Seals Farm Etchison Mont 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR H. Laytons ville. Md. Barber VR A15 (4) 25M 1/67 1967 7-198428

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05713 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence be o. COUNTY Prince George's o. STATE arydand b. COUNTY. Prince George's delay is Page MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cheverly c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 and DOA Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? farwarded to the Chief Medical Examiner's Office along with form 5913 Harrison Avenue This certificate shauld be executed within 24 haurs after death. It cate, writing the ward "pending" in pencil in Item 18. Give Pages Prince George's Hospital YES NON SIY NAME OF Middle DATE DECEASED (Type or print) Frances DEATH S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED Hours white 5-29-46 female WIDOWED 72 hours after death 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT TRAVEL CONSULTANTS INC. COUNTRY? WASHINGTON, D.C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RODDY MARION MRS. MARION SHUMAKER Address SAME AS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. in any event within NONE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: Laceration of brain IMMEDIATE CAUSE (o) writing the ward DUE TO Conditions, if ony, which gove Trauma-Auto accident minutes rise to immediate couse (a). DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? crematian, or remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate, NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) 3 shauld PRIMARYX or CONTRIBUTING CAUSE OF DEATH. Driver of car involved in collision. 20c. TIME OF INJURY Month, Doy, Yeor 20e PLACE OF INJURY (Home, form. 20f. (City or town) Rt. 495 east of Balto-Wash Pkwy. P.G. Md. Not While may be retained far your FUNERAL DIRECTOR: Page While of work of work 3:15AMp.m. 4-1-67 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , ond in my opinion death resulted from: Natural causes 1 Accident x Suicide . Homicide Undetermined manner funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-1-67 DEPUTY MEDICAL EXAMINER John Kehoe, M.D. **EXAMINER'S** 5 may b TO FUNER Health p NAME (Type) At the Street array etown Mcacounty) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) WASHINGTON.

W.W. EHAMBERS GO. RIVERDALE, MD

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VR A15ME (5) 6M 1/67 TIVES TO THE POST OF THE POST OF THE PARTY O Paranta Consults E HOTEL NEWS T alighter to Legislant a margal scales Total Control of the CAR STANDED CAR STANDED THE SOURCE STREET STREET STREET E BA SMED HARDANE WIND THE expending the second se similar ogni-kara anather the mi swifemit the lo region 3: EARL ASSESSMENT CONTRACTOR OF THE OWNER OF THE TRACTOR OF THE T M.W. enden mich. 191 DELETER ST TOTAL CONTRACT AND A STOLE MARYLAND STATE DEPARTMENT OF HEALTH

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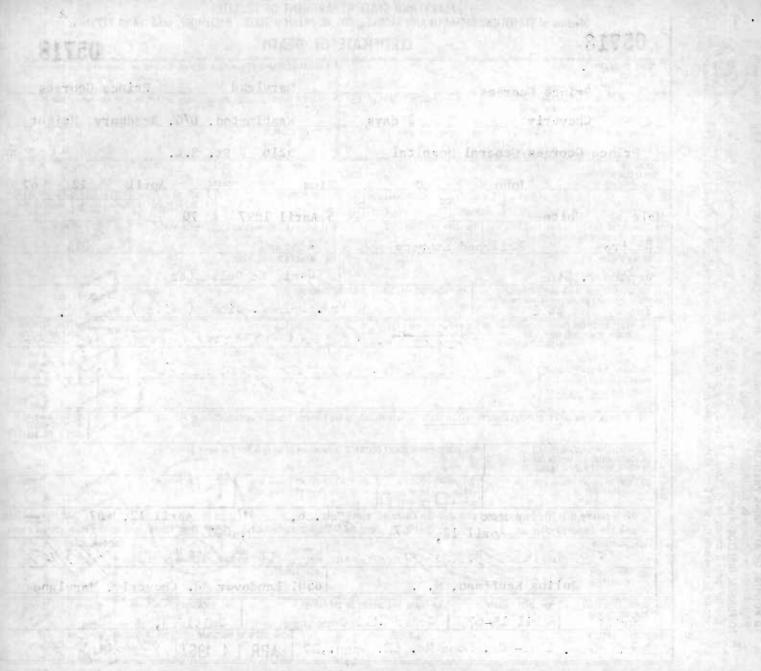
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death ond the ottending physicion and campletely filled in by the funeral sit permit. Then please remove coxban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY NCE a. STATE b. COUNTY GEORGES MARYLAND COLLIMBTA after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) papers. Pagi BASE 12 days WASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? USAF Hospital Andrews 1619 SUTERS LN N.W YES NO V Ī 3. NAME OF Middle 4. DATE Day Year DECEASED event, RUTH (Type ar print) SENTER DEATH APRTI S. SEX AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours FEMALE CAU 2-28-1916 and in only WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. 81RTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRYS INDUSTRY TENNESSEE Housewife
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, PHILLIP J. TINSLEY SUSAN CUNYUS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates af service -LT.GEN'L. W.O. SENTER. SEE cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL 8ETWEEN signed by the buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cardiorespiratory Arrest IMMEDIATE CAUSE (o) DUE TO buriol Conditions, if any, which gave Metastatic Carcinoma of Breast rise to immediate couse (a). DUE TO hos been see as the the the prior to b stating the underlying couse Poge 4 may be retained by the hospital or attending lost. WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES X NO O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH o (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While ot work ot wark 21. I certify that (1) (this haspital) attended the deceased fram 6 April , 19.67, to 18 April, 1967, that (1) (we) last director, poge 3 should should be filed with the saw the degeased alive an 18 April 1967, and that death accurred at 4.70M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING 18 Apr 67 M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Hospital Andrews NAME (Type) CHARLES D. PHELPS, CAPT USAF MC Andrews AFB Wash DC 20331 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) ARLINGTON NAT L. ARLINGTON 4-21-1967 24. FUNERAL DIRECTOR Joseph Sons Wash D 2Sa. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) liances Wisc. ve. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05719 05719 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY a. STATE b. COUNTY P.M.3. Page 0 nd 2 with the State Department of leath. Prince George's Maryland MARYLAND Prince George's deloy and 3 1 b. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest tawn) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 15 Cheverly DOA Forestville d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? olong with farm 4513 Rena Rd. Apt. in Item 18. Give Poges Prince George General Hospital NO DE NAME OF Middle 4. DATE Year DECEASED (Type or print) Slason 19 67 Frances Gravely DEATH 20 7. MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Hours WIDOWED be executed within 24 hours White DIVORCED 6-23-1923 ward "pending" in pencil in Item 1 the Chief Medical Examiner's Office 10o. USUAL OCCUPATION (Give kind of wark dane during ost of working the even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT INDUSTRY Virginia any event within 72 hours ofter pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clay Webster Gravely Mary Lou Harbin .⊑ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service Frank Kane Slason same as #2 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Hepatic failure days This certificate should ward Cirrhosis of the liver unknown Conditions, if any, which gave rise to immediate couse (a), = DUF TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate, 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.) 3 should | PRIMARY I ar CONTRIBUTING I EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) (State) factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry 30, and in my opinion death resulted from: Natural sayses x, Accident Suicide . Undetermined monner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John Kenoe, M.D. Riverdale, Md. 4-21-67 Address (Street, city, tawn, ar caunty) the 23a. BURIAL, CREMATION, 23h. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 DREMOVAL (Specify) 4/24/67 Cedar Hill Cemetery Suitland, Md. 24. FUNERAL DIRECTO 25b. REGISTRAR'S SIGNATURE ACCUSAVES AUGUST 2Sa. REC'D BY REGISTRAR ompany VR A15ME (5) WashingtonaupR 2 6M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY Prince George 0 PM3. Page New York MARYLAND deloy ond 3 with the Stote Deportment b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Buffalo d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) DOA. d. STREET ADDRESS IS RESIDENCE 4 should be forwarded to the Chief Medical Examiner's Office olong with farm ON A FARM? Prince George General Hospital Nottingham Terrace NO X be executed within 24 hours ofter death. I "pending" in pencil in Item 18. Give Poges YES 3. NAME OF Middle 4. DATE Month Year Day DECEASED Clayton M. Smith 17 67 (Type or print) 19 DEATH IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE Z. MARRIED NEVER MARRIED lost birthdoy) Days Manths 10 Aug., 1884 WIDOWED DIVORCED permit. File poges 1 and 2 72 hours ofter deat 11. BIRTHPLACE (State or foreign country) IDa. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRYS . A. during most of working life, even if retired) INDUSTRY New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anselm J. Smith Catherine M. Morgan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dates of service within Hospital Records IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH event Heart failure IMMEDIATE CAUSE (a) _ writing the word This certificate should DUE TO any Conditions, if any, which gave Arteriosclerotic heart disease over 3 vrs rise ta immediate cause (a), = DUE TO stating the underlying cause 0 and last be used 19. WAS AUTOPSY or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) PERFORMED? CERTIFICATION please execute the certificate, NO 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should PRIMARY Or CONTRIBUTING O CAUSE OF DEATH cremation, 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Not While DIRECTOR: Page at work at wark 21. I certify that I took charge of the remains described obove, held on Autopsy Inspection . Inquiry x and in my opinion death resulted from: Naturo couses & Acciden Suicide funeral director. Homicide Undetermined monner be retained CHIEF MEDICAL FXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE FUNERAL 4-17-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoek M.D., Riverdale MOV Health Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAI CREMATION (County) 0 Buffalo, N.Y. Forest Lawn Cem. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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afte ages		-		autside corparate limit give nearest tawn)		c. L	ENGTH OF STAY I		c. CITY OR TOWN (If o		parate limits, write RI	URAL and give	e nearest	tawn)	
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PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e haspital ar attending physician. The certificate has been signed by the attending abysician and campletely filled in by the funeral his certificate has been signed by the attending abysician and campletely filled in by the funeral stacked for use as the burial-transit permit. They blease remaye carbon papers. Pages 7 and 2 Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours are cash.		10a. duri	USUAL OCCUPATION og mast af warking li Housewif	(Give kind af wark dane ite, even if retired)	106	. KIND OF INDUSTR	BUSINESS OR y		11. BIRTHPLACE (Count	& State, a	r fareign cauntry)		TIZEN OF V	WHAT	
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DIR DE			OD DINCICIANIC	orl N.	Une	reff		M.	D. PHYS. 22d. ADDRESS	DIRECTOR	STAFF PHYS.	1 4/1	-3/0	57.	
A S I S	1		22c. PHYSICIAN'S NAME (Type)	EARL V	N. G	KAL	FFE,/	4.D	2416 Kint	suv	od Pl. W.	Hyall	will	Ma	!
Page 4 m Page 4 m Puner/ director, should be		230.	BURIAL, CREMATION	N, 23b. DATE TH		230	. NAME OF CEME	TERY OR	CREMATORY	23d.	LOCATION (City or To	own\/	(Caunty)	(State)
5 5 5 9 W			REMOVAL (Specify)	1 4/26/	67		Cedar	Hil	1 Cemeter	y S	uitland ISTRAR 25b. R	Mary	land		
VR A15 (4)	1/2		FUNERAL DIRECTOR	n Inc or	Reper	277	ADDRESS Pa A	0	SE DC 250. REC	PR 2	1967 STRAR 25b. R	CCL S	Ja 0		

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MARYLAND CTATE DEPARTMENT OF HEALTH

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DIVISION	OF	VITAL	RECORDS	301	W.	PRESTON	STRI	EET,	BALTIMORE,	MARYLAND	2120
				CED	TIE	CATE	ΛE	DE	ATH		

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	95722	CERTIFICATE	OF DEATH		O'D WANT	1
1.	PLACE OF DEATH			Where deceased lived, if institution	on: Residence before	e admission)
	a. COUNTY Prince G	eorges MARYLAND	o. STATE Mar	vland b. COUN	Pr. G.	90
	b. CITY OR TOWN (If autside cornorate limits	c. LENGTH OF STAY IN 16		tside carparate limits, write RUR		
	write RURAL and give nearest town) Forestville			Heights	11	. /
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	hospital, give street oddress)	d. STREET ADDRESS	HELEHUS	110	e. IS RESIDENCE
	Regent Nursing H		370 Onon	daga Drive		ON A FARM? YES NO X
3.	NAME OF First	Middle	/ last	4. DATE Manth		
	DECEASED (Type or print) MAC	A S	touset	OF DEATH	20	
5.		MARRIED NEVER MARRIED TE	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
F	Female White w	DIVORCED DIVORCED	1/1/1893	last birthday)	Manths Days	Haurs Min.
ln _o	ISSIAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR		State, ar fareign country)	12. CITIZEN OF	
lut	ring most of working life, even if retired) House Wife	At Home	Ohio		COUNTRY?	USA
13.	FATHER'S NAME	no Home	14. MOTHER'S MAIDEN N	IAME		ODA
	Frank Hausch		Anna Ma	rv Johnson		
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Addres	SS	
(Ye	es, na, ar unknown) (If yes give war ar dates af serv		ry Bell S	hanhand	Cama	- 110
-	1B. CAUSE OF DEATH (Enter only one cause pe		TA DELL P	Hennerd	Same a	RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Metastatic	(popina	ma of (pp)		SET AND DEATH
	17/X IMMEDIATE CAUSE (a)	7774	_ CARCINO			1
	Canditians, if ony, which gave) (b)					
	rise to immediate couse (o),					
	stating the underlying couse (c)				MAN LAS	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19.	WAS AUTOPSY
CERTIFICATION					YE	PERFORMED?
FE	20g. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in F	Part I or Port II of item IB.)		
CERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm	20f. (City ar tawn)	(County)	(State)
MED	Hour 'a.m.	While Not While facto	ary, street, affice bldg., etc.)	(3.1)	((,
	21. I certify that (I) (this hospital	atwark L atwork L	3-3 1	967, to 4-20	0 10/17 th	at (1) (ma) las
	saw the deceased alive an	1967 and that	death accurred at	8 % M, from couses of	and on the date	e stated above
	220. SIGNATURE	1	404111 40001104 41	with the transfer of	22b. DATE SIGNE	
	11/13:	theer M.D		MED. DIRECTOR PHYS.	4-0	0-67
	22c. PHYSICIAN'S		22d. ADDRESS	11 10	(.1 (
	NAME (Type) WALTER	B. SHEER	6400 MAR	IDORO TIKE S.L	E. WASH.	D.C. 20028
	o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Taw	vn) (Caunty)	(State)
F	REMOVAL (Specify) 4/22/67	Boston Hght	s. Cem.	Summit C	ountr	Ohio
	4. FUNERAL DIRECTOR	ADDRESS			GISTRAR'S SIGNATUR	
	J. Wm. Lees Sons.	Washington D	DATE AP	R 2 1 1967 0	Chambas (Julas
-		TO SOLUTION OF THE PARTY OF THE	11	The state of the s		

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after dept

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	AZIR J. J. byski		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission) e. COUNTY by the tand 2 b. COUNTY Maryland Pr. Geo's Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 2. 1 Mo.. 18 DaysUpper Marlboro Lanham d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE QN A FARM? Magnolia Gardens Nursing Home RFD Box 4010 YES NO death certificate be executed 3. NAME OF Last Middle 4. DATE Month pa DECEASED OF Raleigh Arthur (Type or print) Tayman DEATH arbon . 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER last birthdey) Male White WIDOWED X remove 9/9 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
TODACCO Parming Maryland Tenent U. S. A. please = 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Henry Tayman Eleanor----Then Address RR Box 4799 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Virginia K. Phillips - Mariboro M (Yes, no, or unkown) (Ifyesgivewerordetesofservice) the hospital or attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end has been signed by 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO renditivascular disease Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying DIRECTOR: After this certificate 3 should be detached for use as th PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 0 CERTIFICATION PERFORMED? prior NO K 20e. ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) of Health OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, ! (State) Month, Dev. Yeer 20f. (City or town) (County) fectory, street, office bldg., etc.) Not While Hour e.m. While et work et work p.m. 21. I certify that (I) (this hoppital) attended the deceased from....... saw the deceased alive on...... may ATTENDING 22b. DATE 22e. SIGNATURE SIGNED MED. STAFF death. Page 4 16 page DIRECTOR PHYS. M.D. with 22c. PHYSICIAN'S 22d. ADDRESS ector, NAME (Type) Clark Holmes, M. D. Upper Marlboro, Maryland 20870 filed 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) P # 3 REMOVAL (Specify) Cedar Hill Cemetery Suttland Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Ritchie Bros. Upper Marlboro, Md. VR A15 (4) 20M 5-63

21001.49 Date 1 10.91 Property of L report guitant entire different JIO-LES VIER Faymen Cemver ENTER THE THE 12 I 27 suprating primary counce " TELL TOTAL Wichert deary Thyman ? 1 , 0 = = allers - work win this K. Thillips- 1755 o. 16 31 graduated ilis ausat uitl id 73/57 fice hear, toper Migleore, he. HAN & TEE & YAM

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05726 FOR STAT HEALTH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: o. COUNTY o. STATE b. COUNTY 2 PM3. Page the State Department of Prince George's MARYLAND Maryland Prince George's deloy and 3 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DOA Forestville Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS form Give Pages Prince George General Hospital 8114 Redwood Drive This certificate should be executed within 24 hours after death. Office along with 3 NAME OF Middle 4. DATE DECEASED OF DEATH Claude Zaddock Tayman 7. MARRIED 6. COLOR OR RACE 9. AGE (In years 8Marcherly, 1906 NEVER MARRIED lost birthday) in any event within 72 hours after death. WIDOWED DIVORCED arch/abbb/ White Public Works 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) FINDLY ding Drestrict Maryland forworded to the Chief Medicol Examiner's 14. MOTHER'S MAIDEN NAME May Smith Claude W. Tayman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Redwood Drive (Yes, no, or unknown) (If yes give wor or dotes of service Ruth A. Tayman-S.E. Forest 214-28-7634 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute pulmonary edema writing the word DUE TO Occlusion of anterior descending artery by Conditions, if ony, which gove (b) thrombus and hemorrhage into plaque. rise to immediate couse (a), DUE TO stating the underlying couse pup be used cremation, or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) please execute the certificate, should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or tawn) factory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Poge ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 3 Inquiry x Natural causes | Accident death resulted fram: Suicide the funerol director. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER X

Riverdale, Md. NAME (Type) John Kehoe, M.D. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREA 23b. DATE THEREOF 23d. LOCATION (City or Town) 0 St. Thomas Cemetery Croom Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Ritchie Bros. Upper Marlboro, Md.

e. IS RESIDENCE ON A FARM?

ONSET AND DEATH

19. WAS AUTOPS PERFORMED?

(Stote)

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22. DATE SIGNED

YES 🛨

(County)

Months

12. CITIZEN OF WHAT

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05727 CERTIFICATE OF DEATH the death certificate be executed within 24 haurs after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits, MARYLAND campletely filled in by the f nove carban papers. Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give represt town) write RURAL and give neorest town) D. O. A Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital 11610 Gail Place YES NO 3. NAME OF Middle 4 DATE First Last Month Day Year DECEASED Dew Sulvester (Type or print) DEATH IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF LINDER 24 HRS 7. MARRIED NEVER MARRIED remove lost birthday) Manths Haurs Oct 2, 1887 white male WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired).
Huto Painter Ret. COUNTRY? A ease INDUSTRY physician (ten please North Carolina Automotive 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hinton Jew Unknown Landgreen Street

Maryland

Maryland 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give wor ar dates af service) 6 crematian, CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: requires that IMMEDIATE CAUSE (a) þ DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUF TO stating the underlying couse has been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? NO certificate for 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this (20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Doy, Year (County) (Stote)

Hour am.

Not While of work ot work

foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 10/3/

ATTENDING

PHYS.

, 1966-, ta 4/22

1967, and that death accurred at 11540 M, fram causes and an the date stated above.

, 1967, that (I) (we) last

saw the deceased alive an_

220. SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

M.D.

DIRECTOR 22d. ADDRESS

22b. DATE SIGNED,

23a. BURIAL CREMATION. BEMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Parklain Cemetery

23d. LOCATION (City or Town)

(County)

(State)

VR A15 (4

director, po

O FUNERAL DIRECTOR: After

be retained

FUNERAL DIRECTOR Pumphrey.

25a, REC'D BY REGISTRAR

256. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05723 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission, o. STATE b. COUNTY Poge Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the Stote Deportment c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and Forestville DOA Washington D.C. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? along with form Andrew's Air Force Base Hospital NO X Give Pages 1442 E Street, S.E. hours ofter deoth 3. NAME OF DATE Year DECEASED Toller 4-7-67 (Type or print) Ernest DEATH 19 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED birthdoy) Months in Item 18. WIDOWED DIVORCED 5-12-14 Office male Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (Stote or foreign country) during most of wo INDUSTRY COUNTRY? icate, writing the word "pending" in pencil in be forworded to the Chief Medical Exominer's 13. FATMER'S NAM be executed within 72 hours IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: burial-tronsit ONSET AND DEATH event Heart Failure IMMEDIATE CAUSE (o) This certificate shauld DUE TO in any Conditions, if ony, which gove Arteriosclerotic Heart Disease over 1 yr. rise to immediate couse (a), DUE TO stating the underlying couse 0 puo SD WAS AUTOPSY PERFORMED? remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) execute the certificate, NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 3 should should 0 PRIMARY Or CONTRIBUTING CAUSE OF DEATH. cremation, 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (Stote) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection X. Inquiry X, ond in my opinion Natural kauses X death resulted fram. Undetermined monner Accident Suicide Homicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior funerol 4-8-67 DEPUTY MEDICAL EXAMINER NAME (Type John M.D., Riverdale, Maryland Address (Street, city, town, or county) 0 EMOVAL (Specify) VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05730 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) by the attending physician and completely filled in by the funeral ransit permit. Then please semove carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY rince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside cornorate limits, write RURAL and give nearest town) write RURAL and give nearest town) remove carban papers. Pag any event, within 72 haurs Myattsville Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Leland Pemorial Hospital 3900 Hamilton Street YES NO 3. NAME OF 4. DATE PEARL MARY Month Doy Year DECEASED TONIS Pearl M. Tonis (Type or print) DEATH S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH birthdoy) Months Doys Hours in any WIDOWED DIVORCED 2-10-89 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? and HOUSEWIFE Maryl and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Samuel J. CalAHAN Imma V. Long 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service NONE Hospital admission record crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY CEREBRAL HOMORRHA GE IMMEDIATE CAUSE (o) DUE TO signed I ARTERIOSCLESASIS Conditions, if ony, which gove UNKNOWN rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending as the certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? for use NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After of work 21. I certify that (1) (this haspital) attended the deceased fram 3. 1967 to 4.15 1967, that (I) (we) last 1967, and that death accurred at 515 A.M., fram causes and an the date stated above. saw the deceased alive on_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR directar, page 3 22c. PHYSICIAN'S 22d. ADDRESS RIVERDALE NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Berrey APRIL 18,1967 BLADENSBURG FT. LINCOLN CEM. MD 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

THE RESIDENCE OF THE PARTY OF T Established and the service

Elmwood

ADDRESS

Francis Gasch's Sons Hyattsville, Md.

VR A15ME (5)

24 FUNERAL DIRECTOR

25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Adams

e. IS RESIDENCE ON A FARM?

1 YEAR

12. CITIZEN OF WHAT

OUNTSY? A.

(father)

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPS'
PERFORMED?

NO

(Stote)

ond in my opinion

22. DATE SIGNED

(Stote)

N.Y.

4-24-67

(County)

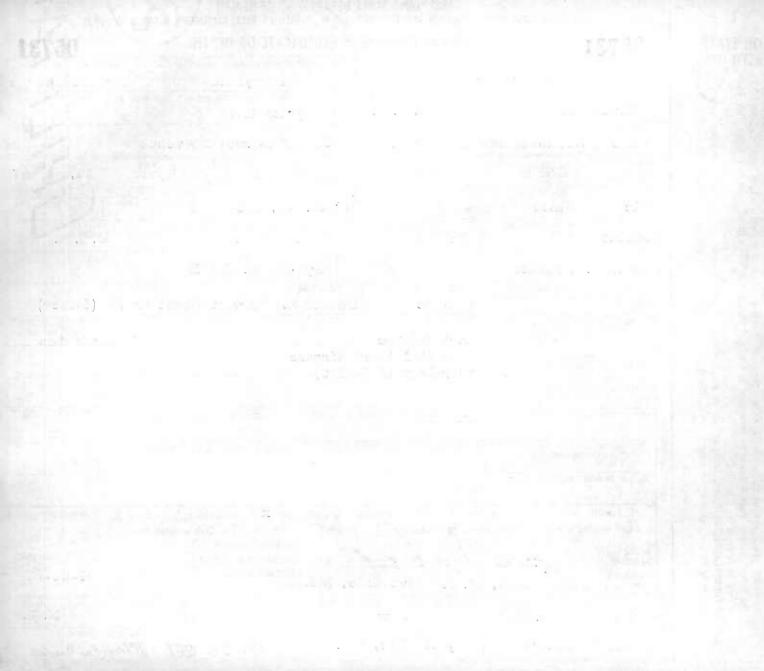
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(County)

YES NO X

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence COUNTY b. COUNTY 4.2 th MARYLAND b. CITY OR TOWN (if outside corporate limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pages 1 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ARROLL MANOR YES NO completel NAME OF Middle DATE DECEASED (Type or print) DEATH 19 6 physician and co 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED or foraign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan if retired) WAShINSTON D.C. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT tending physician, been signed by the INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiate causa DUE TO (e), stating the undarlying causa last. WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INDURY OCCURED, (Enter nature of injury in Part I or Pert II of itam 18.) OF CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) Month, Day, Yaar (County) (Stete) Whila Not Whila factory, streat, offica bldg., atc.) Hour a.m. at work at work 28 19.61, and that death occurred at 1.2 M, from the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATURE ATTENDING PHYS. DIRECTOR death. Page 4
TO FUNERAL
director, page
be filed with th M.D. 22d. ADDRESS 23d. LOCATION (City, toy NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL EREMATION 24 EUNERAL DIRECTORS REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05734 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Prince Georges o. STATE h COUNTY erpove carbon popers. Pages for event, within 72 hours after MARYLAND Maryland Prince Georges requires that the death certificate be executed within 24 hours after the ottending physicion and completely filled in by the sit permit. Then please reprove carbon papers. Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 hr.25 mins Cheverly Accokeek d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Prince Georges General Hospital P. O. #64 YES NO [3. NAME OF First Middle JR Lost OATE Ooy Year OECEASED OF Ellwood 1967 (Type or print) G. Valentine April 14 **OEATH** IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours Dovs 8/8 WIDOWEO DIVORCED Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ond in during most of working life, even if retired) COUNTRY A Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Cecelia Elwood G. Valentine Sr. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, orunknown) (If yes give wor or dotes of service Same As # 2 579-22-9515 Gertrude A. Valentine cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO ertificate hos been sed for use os the b stoting the underlying couse ATTENDING PHYSICIAN: The law last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X this certificate 20o. ACCIDENT WAS UNDERLYING 205. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Nat While of work O FUNERAL DIRECTOR: After ot work , 1967 , ta April 14 , 1967, that *** (we) last 21. I certify that XX (this haspital) attended the deceased fram April 14. should saw the deceased alive an April 14 1967, and that death accurred at 8.40 M, fram causes and an the date stated above. 22b. OATE SIGNEO 22o. SIGNATURE MED. AM STAFF **ATTENOING** M.O. PHYS DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Jensen. Prince Georges General Hospital Ehwin J. M. D 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) 4/17/ 1967 Cedar Hill Suitland Prince Geo. Md. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'O BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charles W.W. Chambers Co. Inc. 517 11th St S.E. Wash.D. COAPR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

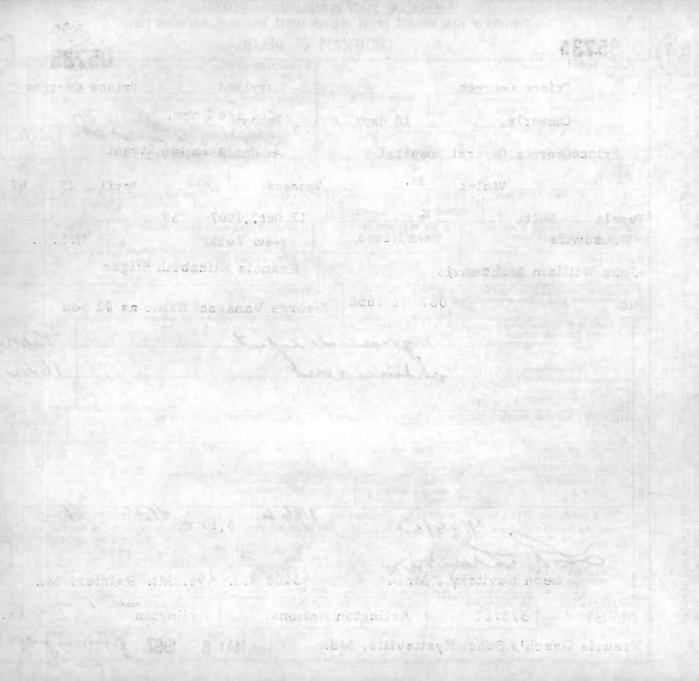
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	PLACE OF DEATH		MADUI AND	a. STATE	ere deceased lived, if institut b. COU	NTY			
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	PrinceGeorges (₹ Un	rinomo Stre	et_	ON A FARM? YES NO		
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0a.	USUAL OCCUPATION (Give kind of work	dane 10b. KIND OF BI		17 Oct 190 11. BIRTHPLACE (County & S New Yor	tate, or fareign country)	12. CITIZEN COUNTRY	OF WHAT		
	FATHER'S NAME Tohn William Ma	cKenzje		14. MOTHER'S MAIDEN NAME Francis E	WE lizabeth Stig	er			
S. Ye	WAS DECEASED EVER IN U.S. ARMED FOI YO, ar unknawn) (If yes give war ar c	RCES? lates of service) 16. SOCIAL SE 067 1	6 1652	reorge Vanag	gas Same as				
	18. CAUSE OF DEATH (Enter only all PART 1. DEATH WAS CAUSED BY IMMEDIATE (Canditians, if any, which gave rise to immediate cause (o), stating the underlying cause lost.			espect.		0	ITERVAL BETWEEN		
CALLON	PART II. OTHER SIGNIFICANT CONDITI				· ·		WAS AUTOPSY PERFORMED? YES NO		
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	#10mg 2751	DW INJURY OCCURRED. (Enter nature of injury in Par	t I or Port II af item 18.)				
MEDICAL	20c. TIME OF INJURY Manth, Day, Y Haur a.m. p.m.	ear 20d. INJURY OC While No	CURRED 20e. PLAC of While factor	E OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty)	(State		
	saw the deceased alive an 19 19, and that death occurred ab 10 My from causes and an the date stated about								
	22c. PHYSICIAN'S NAME (Type) Leon Le	evitsky, M. I	M.D	22d. ADDRESS	Ave. Mt. R	22b. DATE SIG			
	BURIAL, CREMATION, 23b. DA 5/2		name of CEMETERY OR C		23d. LOCATION (City or To Arlington	wn) (Count	(State) Va.		
24. F	FUNERAL DIRECTOR	Sons Hyatts	ADDRESS rille, Md.	2Sa. REC'D B	Y REGISTRAR 25b. RE	CLIANCES	Judge		

DATE MAY 5

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or ottending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after deam

VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05736 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 to Page Prince George's Maryland Prince George's MARYLAND c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 PM3 DOA Hillside Cheverly e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS olong with form YES NO TO This certificate should be executed within 24 hours after death. I cate, writing the word "pending" in pencil in Item 18. Give Poges Prince George General Hospital 5264 Marlboro Pike 4. DATE 3. NAME OF Middle Month Year Doy DECEASED 19 67 DEATH 16 Anthony Vidotto (Type or print) Mark IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 3 Feb. 1962 male White 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10h. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY ony event within 72 hours after Washington, pending" in pencil in ef Medical Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mario Vidotto Alice V. Robertson permit. File 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service 16. SOCIAL SECURITY NO. Mario Vidotto Same as Item No. 2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH the Chief IMMEDIATE CAUSE (o) Hemo-peritoneum please execute the certificate, writing the word director. Page 4 should be forwarded to the Ch DUE TO Laceration of liver Conditions, if ony, which gove (b) From trauma rise to immediate couse (o), = DUE TO stoting the underlying couse 19. WAS AUTOPS or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES X NO 2Do. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING □ 20h. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 3 should CAUSE OF DEATH. Pedestrian struck by truck. cremotion, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) 20c. TIME OF INJURY Month, Doy, Year While of work of work of the bldg, etc.)

Solvent of work of the bldg, etc.)

Solvent of work of the bldg, etc.) be retained for your FUNERAL DIRECTOR: Poge 2:00 pm p.m. 4-16- 1967 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x, Inquiry x, ond in my opinion death resulted fram: Natural causes, Accident K Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE DEPUTY MEDICAL EXAMINER 4-17-67 Riverdale, Md. NAME (Type) John Kehoe, M.D. Address (Street, city, tawn, or county) the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) St. Mary's Cemetery Washington, DC Apr. 20-1967 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67 mons Bros. 1661-Good Hope Rd SE Wash DC

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05738 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COFFince Georges o. STATE Maryland a. COUNTY Prince Georges MARYLAND requires that the death certificate be executed within 24 hours after tilled in by the fundamental propers. c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 15 hrs Fairmont Heights Cheverly we carbon popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? PrinceGeorges General Hospital 1010 59th Abre. YES NO 3. NAME OF Middle 4. DATE First Last Month Day Year the attending physician and completely sit permit. Then please remove carbor DECEASED Wallace April 9 19 67 Dorothy (Type or print) DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 36 last birthday) Manths Days Haurs pleose remov 13 May 1930 Negro Female WIDOWED DIVORCED and in ony 10a, USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. permit. (Yes, na, ar unknawn) (If yes give war ar dates af service cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line to) (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial, Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate hos been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health YES TO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) Nat While factory, street, affice bldg., etc.) at wark 1967 taApril 9, 1967, that (we) last 21. I certify that (1) (this haspital) attended the deceased fram April 0, 1967, and that death accurred \$30AMM, fram causes and an the date stated abave. saw the deceased alive an April 9. 22g. SIGNATURE **ATTENDING** STAFF M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Prince Georges General Hospital NAME (Type) Edwin J Jensen, M.D. 23c. NAME OF CEMETERY OR CREMATORY 230 BORIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF (State) Lincoln 2Sa. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05739 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY o STATE tely filled in by the fun-thon papers. Pages 1 , within 72 hours ofter law requires that the deoth certificate be executed within 24 hours after PrinceGeorges
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) MARYLAND Maryland PrinceGeorges
c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. STREET ADDRESS Cheverly 32 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? Prince Georges General Hospital YES NO X 3400 Toledo Terr Middle Last 4. DATE Day Year DECEASED W. corl Type or print) Ozelle 8. DATE OF BIRTH DEATH April 2 IF UNDER 24 HRS and compression only eye S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths WIDOWED DIVORCED male Ohite
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 Nov., 1910 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT by the ottending physician an transit permit. Then please a cremation, or removol, and in U. Sous Dept. Of Aug. COUNTRYS. A. Texas Inf. Spec. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ada N. Johnson Robert W. Waller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service) Ft. Worth, Texas 457 74 2414 Mrs. Gertie A. Alford CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed buriol, Canditions, if any, which gave rise ta immediate cause (a), DUE TO os the priar to stating the underlying cause hos been WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 19. YES WO this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice blda., etc.) Nat While at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 19 67, and that death accurred al.2, 30 AM fram causes and an the date stated above saw the deceased alive an_ 22a SIGNATURE 22b. DATE SIGNED ATTENDING 4/2/67 be filed M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Aaron Deitz, M. D. Prince George Plaza, Hyattsville, Md. director, shauld b (County) Texas 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)
Keppernal 23a. BURIAL, CREMATION, 23b. DATE THEREOF B LEHOVALISpecify) 4/5/67 Kappernal 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05740 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Prince George's o. COUNTY o. STATE Maryland Prince George's m MARYLAND requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Oxon Hill Cheverly 8 hrs.17 min. e. IS RESIDENCE ON A FARM? and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital 4916 Deal Drive NO PAX YES 3. NAME OF First Middle 4. DATE Lost Month Year DECEASED Baby Wayman Boy April 1967 remave carb (Type or print) DEATH event, IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours White 4/6/67 Male WIDOWED DIVORCED ar remaval, and in any 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. the attending physician of sit permit. Then please during most of working life, even if retired) INDUSTRY Prince George's, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Hall Wayman Carolyn Lillian Heiss 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) Address 16. SOCIAL SECURITY NO. Mother As above crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY ATELECTAGIS, PUL IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO has been s stoting the underlying couse be detached far use as the State Dept. af Health priar ta PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YESXO NO Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While of work Not While ot work 21. I certify that (1) (this hospital) ottended the deceased from April 6 , 1967, to April 6 , 1967, that (1) (we) last director, page 3 shauld should be filed with the saw the deceosed alive on April 65 19 67, and that death occurred of 11 AM, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Bernardo 6201 Riverdale Rd., Riverdale, Md. Alvarado. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) Cremation 4/22/67 PG Maryland Cheverly Prince George's Gen. Hosp. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Jr., Admin., Theverly, Md. 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05741 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution a. COUNTY o. STATE Maryland b. COUNTY Prince George's Prince George's MARYLAND delay c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b pup write RURAL and give nearest tawn) DOA Hvattsville Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A EARM? Office alang with farm 3617 65th. Avenue NO DE Prince George General Hospital in Item 18. Give Pages 24 haurs after death. Middle Last DATE Manth Day Year DECEASED Harold DEATH (Type or print) Lerov Weaver IE UNDER 1 YEAR IE UNDER 24 HRS SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths 72 haurs after death WIDOWED DIVORCED Feb. 1914 male white 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) Examiner's 13. FATHER'S NAME be executed within in pencil TORDORS 17. INFORMAN Medical within 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Chief event IMMEDIATE CAUSE (a) Heart failure This certificate shauld e, writing the ward farwarded ta the Ch DUE TO Arteriosclerotic heart disease over 14 yrs. any Canditians, if any, which gave rise ta immediate cause (a). = DUF TO stating the underlying cause pup last be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? remaval CERTIFICATION NO please execute the certificate. 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 shauld ь PRIMARY CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH MEDICAL (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) Nat While Vaur Haur a.m. factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry x and in my apinian Natura Pauses W Accident Suicide Undetermined manner death resulted fram: Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, tawn, ar caunty) Riverdale, Md. 4-28-67 John Kehoe, M.D. (State) 0 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15ME (5 6M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

N5741

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1		PLACE OF DEATH						2. USUAL RESIDENCE	CE (Where deced	sed lived, if instit	ution: Residence	e before	odmissio	(n)
		o. COUNTY	INCE GEORGE	25		MARY	TAND	O. STATE MARY	TAID	b. CO	ANNE A	RIIN	net.	
		b. CITY OR TOWN (I	f outside corporate limit		c. LEI	NGTH OF STAY II		c. CITY OR TOWN (IS	1 300 0 2 1 20	ate limits, write R				
		ANDREWS A	give neorest town)		23	2 DAYS		SEVERN	IA PARK		10	11		
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5		USAF HO	SPITAL AND	REWS				305 ST I	WES ST			Y	ON A FA	NO X
		NAME OF DECEASED	F	irst		Middle		Lost	4. DATE		nth	Doy	Yeo	ır
		(Type or print)	JAMES	43.3	FRA	NKLIN	WHI	SENA ND	DEATH	AP	RIL	29		67
N	1	SEX	6. COLOR OR RACE	7. MAR	RIED X	NEVER MARRIED		B. DATE OF BIRTH		AGE (In years lost birthdoy)	Months I	YEAR Doys	Hours	Min.
	1	MALE	CAU	WIDO	WED 🔲	DIVORCED	F	ebruary 9	, 1911	56 yrs.	Months	Doys	110013	Will.
1		. USUAL OCCUPATION	(Give kind of work done	1	Ob. KIND OF		71.5	11. BIRTHPLACE (Cou	unty & Stote, or f	oreign country)		IZEN OF JNTRY?	WHAT	
7	űűll	USAI			USAF			BROWN	CO. II	ND IA NA	1	U	SA	
	13.	FATHER'S NAME						14. MOTHER'S MAID	EN NAME					
		WALT	ER W WHIS	ENAN	D			MARY KA	THERIN	E LIPPS				
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of consists.		SECURITY NO.	17. 1	NFORMANT		Ado	ress			
	(16	YES	(II yes give wor or dotes	or service)		05 1732	1	VIFE		SAME	AS 2			
			ATH (Enter only one co	use per lir	ne for (o), (b)), ond (c).)							RVAL BET	
		PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a) N	YOCARI	DIAL IN	FARC	TON				ONS	ET AND D	EATH
		4201	DUE											
ď.		Conditions, if ony,		(b) A	RTERI	OSCLERO	SIS,	GENERALIZ	ED					
Ĭ.		rise to immediate stating the under		TO							10.33		100	
		last.	1,1119 (2030)	(c)							7701			
	~	PART II. OTHER SIG	SNIFICANT CONDITIONS	ONTRIBUT	TING TO DEAT	H BUT NOT REL	ATED TO 1	HE TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(o)		19.	WAS AUTO	PSY
K	ATIO				100							YE	PERFORMI	NO X
	IFIC	20o. ACCIDENT WAS		20	Db. DESCRIBE	HOW INJURY OF	CURRED.	Enter noture of injury	in Port I or Po	rt II of item 18.)				-
	CER		CAUSE OF DEATH MEDICAL EXAMINER)											
H	MEDICAL CERTIFICATION	,	RY Month, Doy, Yeor	1	Od. INJURY C	CCURRED		E OF INJURY (Home,		(City or town)	(Cou	nty)	(Stote)
	MED	Hour o.n	10			Not While ot work	foct	ory, street, office bldg.,	etc.)					
	Н		fy that (I) (this ho				from :	7 APRIL	19 67	to 29 APR	TT. 19 6	57 th	at (I) (we) las
		saw the de	eceased alive on_	29 A	PRTI.	1967	and tha	death occurred	at 3 - 30	M, from cause:	s ond on th	e dote	stated	abave
.0	P	220. SIGNATURE		7	*******							TE SIGNE		
		X	france)	/			M.I.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	X 291	PRI	167	
	H	22c. PHYSCIAM'S			May Cha	7 7		22d. ADDRESS					-	
1		NAME (Type)	JOHN SIMO	MIS	, MAJ	, USAF	MC	USAF HO	SP AND	REWS AFB	20331			1
	230	BURIAL, CREMATIC	N. 23b. DATE TH	EREOF	23c.	NAME OF CEME	TERY OR	CREMATORY		OCATION (City or 1		(County)	(S	tote)
		Burial Specify	5/3/19	967_	A:	rlingto	n Na	tional	Fo:	rt Myer,	Virgi	hia		
	24	FINERAL DIRECTO	R	10.0	1 Die	ADDRESS		2So. R	REC'D BY REGIST	RAR 2Sb.	REGISTRAR'S SI	GNATUR	E	24
	T	he Demai	ne Funeral	Home	es, In	d., Ale	xand	ria, Va DATE	C YAN	1967	Ochany	Par C	uda	e
									77777	- TV 21 7 T	794	- 17		

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after docts.

14 - 1 The street of COLORS WIND COLORS TO THE LOCK OF THE ACT the footen from the state of the control of the con The same of the sa

FOR STATES HEALTH DEPT.

PM3. Page

any delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of

Health priar to burial, crematian, or removal, and in any event within 72 haurs after dedi

05743 ACE OF DEATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05742

o. COUNTY	e George's	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if i o. STATE b	COUNTY
	N (If outside corporote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, wr.	Pro. Geo.
WE'S RURAL	and give negrest town)	C. ELNOTH OF STAT IN 15	Oakland	HE KOKAL GIVE HEGIEST TOWN
				16-1
	PITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	Gen. Hosp.		5505 Walker Mill Road	
3. NAME OF DECEASED (Type or print)	SYDNEY	MUDD Middle	V CALL	Manth Day Year
s. sex Male	T.D. · L .	MARRIED NEVER MARRIED DIVORCED DIVORCED	March 9, 1915 9. AGE (In ye	ors ory Months Doys Hours Min.
	ION (Give kind of work done ing life, even if refired)	10b. KIND OF BUSINESS OR Bidg. Const.	11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
Thomas	H. Wildman		Lita Sheppard	
1S. WAS DECEASED I	EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO. 17	INFORMANT	Address
(Yes, no, or unknown	n) (If yes give war or dates of sen	vice) 579 70 Juli 30 D.	orothy G. Wildman Wif	
	DEATH (Enter only one couse pe		of Colly G. Willamell Will	INTERVAL BETWEEN
rise to immedi stating the un lost.) (c) _	Hemato	na of Bru	2 lug
CATION		IBUTING TO DEATH BUT NOT KELATED TO	O THE TERMINAL OFSEASE CONDITION GIVEN IN PART II	PERFORMED? YES NO
PRIMARY OF DEATH	CAUSE WAS CONTRIBUTING H.	20b. DESCRIBE HOW INJURY OCCURRED	December of injury in Rart Lor Port II of item 1	Ufmacar
₩ Hour	NJURY Month, Doy, Yeor o.m. p.m. 19	20d INJURY OCCURRED 3 20 P	LACE OF INJURY (Home, form, actory street, office bldg., etc.) 20f. (Gry or tov	vn) ((County) (State)
21. I cert	tify that I taak charge af	the remains described abave,	held an Autapsy 🔀, Inspection 💢,	Inquiry A and in my apinia
	ulted fram: Natural co		uicide , Hamicide , Undefermine	
ACTUAL SIGNATURE	Daxto	watters	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type)	DAYTO	NOWATK	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	4-767
230. BURIAL, CREMA REMOVAL (Spec Burial				
24. FUNERAL DIREC		ADDRESS		b. REGISTRAR'S SIGNATURE
F. Ga	sch's Sons Hy	attsville, Md.	MDD 1 0 1007	Menula Judge

VR A15ME (5) 6M 1/67

5 may be retained far yaur files.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #11 infor, take CERTIFICATE within 24 hours after death. aurs after death pub 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Maryland Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Hyattsville 2hrs.41mins Cheverly d. STREET ADDRESS e. 1S RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Alled to ON A FARM? 2117 Guilford Rd.: Apt. 301 YES \ NO Prince Georges General Hospital NAME OF Middle Lost 4 DATE Day Year DECEASED Christine campletel 19 67 Williams (Type or print) DEATH burial, crematian, ar removal, and in any event, requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours DIVORCED WIDOWED April 18, 1967 41 White Female 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of wark dane attending physicians are recognited to the state of the s COUNTRY? during most of working life, even if retired) INDUSTRY Cheverly, Pr. Geo. Co 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Veronica Gorman Norman Allen Divver 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) ((If yes give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) ONSET AND DEATH burial-transit throp/astosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. signed by DUE TO Canditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause detached far use as the te Dept. af Health priar ta O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER with the State Dept. (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour o.m. While Not While at wark at wark 21. I certify that * (this hospital) attended the deceased fram April 18, , 167, to April 18, , 1967, that (* (we) last saw the deceased alive an April 18 1967, and that death occurred aft 2:15 the fram couses and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. STAFF M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type Prince Georges General Hospital director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREDE 23o. BURIAL CREMATION Cremarion Prince George's Gen. Hosp Cheverly 4/29/67 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Admin. Cheverly, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05745 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY a. STATE b. COUNTY Prince George's Maryland Prince George's MARYLAND b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 2, u. P.M3. P write RURAL and give nearest tawn) 53 hrs Cheverly Brandywine d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE farm ON A FARM? in pencil in Item 18. Give Pages State Prince George General Hospital Box 175, Rt. 1 YES NO T This certificate should be executed within 24 hours after death. rd "pending" in pencil in Item 18. Give Pag Chief Medical Examiner's Office alang with NAME OF Middle 4. DATE Month Day DECEASED (Type or print) Parker Windsor DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths WIDOWED DIVORCED March 1921 male white 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR BIRTHPLACE (State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) SCZTZWZY 13. FATHER'S NAME MOTHER'S MAIDEN NAME Fie ZUMD 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give wor or dates of service) Mrs. Edith any event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEE burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Sub-dural hematoma DUE TO And infarct of brain stem Conditions, if any, which gave rise to immediate cause (a). forwarded to = DUE TO stating the underlying cause pup 0.5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? or removal, YES X NO 4 should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY I or CONTRIBUTING IX CAL EXAMINER: CAUSE OF DEATH Unknown crematian, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 3 (City or town) 20e. PLACE OF INJURY (Hame, form, (County) (Stote) Not While factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page While at work unknown unknown 19 ot wark unknown unknown 21. I certify that I took charge of the remains described above, held an Autapsy Inspection x Inquiry K, and in my apinian Accident X Homicide Undetermined monner funeral directar. deoth resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER Health NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, tawn, ar caunty) OCATION (City or Town) 0 VR A15ME (5)

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ADDRESS

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2So. REC'D BY REGISTRAR

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NO

(Stote)

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4)

24. FUNERAL DIRECTOR

W. K. Hunterann & Son

THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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